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The New England medical gazette

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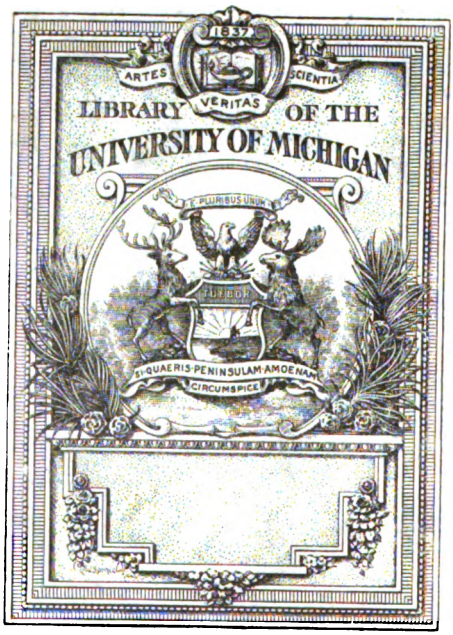

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THE

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OF

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"Die milde Macht ist gross."

VOLUME XXXI.

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INDEX.

COMMUNICATIONS.

Acetic Acid in Malignant Growths. By Frederick B. Percy, M.D. 501
Acute General Tuberculosis, A Case Simulating with Secondary Meningitis. By N. L. Damon, M.D. 418
Address to the Boston Homœopathic Medical Society. By the retiring president, Herbert C. Clapp, M.D. 1
Aletris Farinosa, a Type of the Vegetable Bitters: their Value. By J. Heber Smith, M.D. 552
Am I an Orificialist? By T. L. Macdonald, M.D. 109
Angina Pectoris. By J. P. Rand, M.D. 415
Animal Extracts. By N. L. Damon, M.D. 273
Another Theory of Homœopathy. By W. Buist Picken 309
Antrum Disease, A Typical Case of. By E. B. Cahill, M.D. 78
Argentum Nitricum in Functional Exhaustion. By J. Heber Smith, M.D. 65
Autoprophylaxis: Every Man His Own Germicide. By John Prentice Rand, M.D. 357
Can We Limit or Avert the Spread of Consumption in Massachusetts? By William F. Wesselhoeft, M.D. 515
Cerebral Tumor, A Case of. By N. R. Perkins, M.D. 481
Clinical Experience in Acute Inflammatory Conditions of the Middle Ear, with Report of Cases. By J. P. Rand, M.D. 17
Clinical Test of Cure and Recovery, The. By Walter Wesselhoeft, M.D. 53
Conservative Side, The. By Jane K. Culver, M.D. 332
Conservative Surgical Treatment of Certain Forms of Chronic Hernise, The (with discussion). By F. W. Elliott, M.D. 28
Curantur *vs.* Curentur. By F. Fincke, M.D. 270
Cystoscopy and Ureter Cystoscopy. By James Krauss, M.D. 561
Drug Action. By M. Deschere, M.D. 316
Drug Effects to be Studied like Disease Effects. By Conrad Wesselhoeft, M.D. 67
"Dry Method" in Puerperal Septicæmia, The. By George H. Earl, M.D. 479
Ectopic Pregnancy, A Case of. By J. K. Warren, M.D. 336
Electrical Treatment of Dysmenorrhœa. By Emily A. Bruce, M.D. 170
Extra-genital Primary Lesion of Syphilis, The. By John L. Coffin, M.D. 512
Faradic Current in Diseases of the Uterus, The. By Clara E. Gary, M.D. 558
Five Years' Work in Surgery. By Horace Packard, M.D. 405, 463
Foreign Bodies in the Eye. By John H. Payne, M.D. 25
Fragment on Calcic Iodide, A. By Charles L. Nichols, M.D. 549
Homœopathic Text-book of Surgery, The. By C. E. Fisher, M.D. 284
Hypertrophy of the Third Tonsil. By George B. Rice, M.D. 368
Importance of Early Diagnosis in General Paresis, The. By James Francis Bothfeld, M.D. 421
In Defence of Vivisection 115
Inguinal Colotomy, Further Observations on. By F. W. Halsey, M.D. 328
Inguinal Hernia and its Radical Cure, A Few Remarks on. By Winfield Smith, M.D. 278
Inversion of the Uterus, A Case of (with remarks). By Edward P. Colby, M.D. 71
Lupus Vulgaris. By A. H. Powers, M.D. 566
"Mental Astigmatism." By L. Houghton Kimball, M.D. 379

Digitized by Google

Modern Care of the Insane, The. By Ellen L. Keith, M.D. 236
Myxœdema, A Case of. By Edith C. Varney, M.D. 425
Necessity for the Early Examination of the Eyes of School Children, The. By A. E. Perkins, M.D. 428
New Hysterectomy, The. By L. A. Phillips, M.D. 80
Open Letter: A Correction. By Herbert C. Clapp, M.D. 123
Open Letter. By F. G. Oehme, M.D. 383
Poisoning by a Cocus-wood Flute, A Case of. By J. Heber Smith, M.D. ... 322
Presidential Address before the Massachusetts Homœopathic Medical Society. By Edward P. Colby, M.D. 261
Puerperal Insanity, A Case of. By DeEtte Brownell, M.D. 22
Remarks in Dietetics. By Edward P. Colby, M.D. 9
Remarks upon the Etiology and Pathology of Typhoid Fever. By F. P. Batchelder, M.D. 363
Report of a Case (with remarks). By Alonzo Boothby, M.D. 168
Report of a Case of Tuberculous Laryngitis and a Case of Empyema of the Maxillary Sinus. By G. B. Rice, M.D. 555
Report of Autopsy of a Case of Septic Endocarditis. By F. P. Batchelder, M.D. 377
Report of Operations Performed at the Massachusetts Homœopathic Hospital during the Quarter ending January 1, 1896. Reported by Assistant Surgeon J. Emmons Briggs, M.D. 124, 176
Report on the Conduct of Westborough Insane Hospital. By a Special Committee 223
Scarlet Fever in Obstetrical Cases. By A. H. Powers, M.D. 510
Serum-Therapy and Its Relation to Homœopathy. By Henry Edwin Spalding, M.D. 504
"Similia Similibus Curentur." By Winthrop T. Talbot, M.D. 161
Some Reasons for a Belief in Homœopathy, including some Comparative Statements. By Walter Sands Mills, M.D. 453
Therapeutics of Puerperal Infection. By John J. Shaw, M.D. 477
Three Unusual Cases of Disease of the Nervous System, together with Remarks upon their Clinical Management, Report of. By James R. Cocke, M.D. 474
Treatment of Granulating Surfaces at the Ear Clinic in Halle, The. By Howard P. Bellows, M.D. 520
Treatment of Malignant Neoplasms by Electricity, The. By Frank C. Richardson, M.D. 75
Treatment of Typhoid Fever. By Lucy C. Hill, M.D. 324
Treatment of Uterine Diseases other than Surgical, The. By Mary E. Mosher, M.D. 164
Ulcerative Endocarditis, A Case of, with Clinical Observations. By Walter Wesselhoeft, M.D. 373
Westborough Insane Hospital; Its Methods and Results. By Frederick Howard Wines 214
When and Why of Medical Gymnastics, The. By Mary Rees Mulliner, M.D. 522
X-Ray at the Boston University School of Medicine. By Thomas R. Griffith 209

EDITORIAL.

American Institute of Homœopathy, The 339
An Old-School Writer of New-School Practice 35
Chronic Diseases and Their Treatment 385
For the Cause 140
International Homœopathic Congress, The 484
New Scientific Sensation, The 85
Not Yet Understood 432

Digitized by Google

Operative Craze, The 527
Some of the Year's Gifts to Medical Science 570
State Board of Lunacy and Charity, The 242
What Homœopathy Said Long Ago 291

EDITORIAL NOTES AND COMMENTS.

Apropos of the Present Status of Insanity in Massachusetts 244
Apropos of Vivisection 146
Are Nervous Diseases Increasing in Number? 388
Bold Plea for Mental Therapeutics, A 529
Controversy of No Mean Proportions, A 293
Diet as an Agent in Moral Reform 528
Doctor as a Bogey, The 436
Eloquent Plea for the Bacillus of Tuberculosis, An 39
Even in Russia the World Moves 296
Evolution of the Medical Student, The 434
Famous Parricide, A 390
Flagrant Instance of Tradesmen's Methods in Professional Life, A 296
Forthcoming Report of the Materia Medica Committee of the American Institute of Homœopathy, The 92
Good News from the Massachusetts Homœopathic Hospital 144
Gratuitous Attack on the Boston University School of Medicine, A 190
Greatest Discovery of Modern Science, The 191
Growing Influence and Significance of Women in Medicine, The 41
Hahnemann's Grave in Paris 571
Hypnotism as a Plea against Criminal Responsibility 94
Music as a Therapeutic Resource 531
New Foothold for Homœopathy, A 146
New Therapeutic Use for Muscular Exercise, A 490
President Warren's Annual Report 89
Reformation by Platoons 492
"Respect the Burden!" 573
Result of the Anti-toxin Examinations by the State Board of Health, The 246
Side Light on Specialism, A 38
State Examining Boards and Medical Colleges 437
Three Codes of Ethics 491
Two Hospital Reports 571
Very Jolly Outing, A 297
Word from "Selah," A 391

SOCIETIES.

Alumni Association, Boston University School of Medicine 301
American Institute of Homœopathy 149
American Institute of Homœopathy, Hahnemann Monument Committee 154
Boston Homœopathic Medical Society 95, 99, 193, 247, 301, 539, 576
Centennial Addresses on the Law of Similars 154
Connecticut Homœopathic Medical Society 256
Essex County Homœopathic Society 441
Homœopathic Medical Society of Western Massachusetts 198
Homœopathy's Centennial 151
International Homœopathic Congress 156, 158, 304
Massachusetts Homœopathic Medical Society 298, 532
Massachusetts Surgical and Gynecological Society 42, 391
Rhode Island Homœopathic Medical Society 45
The Hahnemann Monument 156
Worcester County Homœopathic Medical Society 394, 587

Digitized by Google

MISCELLANY.

——— 49
Cure for Wakefulness 547
Dr. Bismarck 547
Foreign Students in France 595
Lacerated Wounds of Fingers 547
Medical Men to Avoid 595
Progress 547
The Essential Unity of Spirit of the English-speaking Races 548
The Percentage of Cures at the Calcutta Homœopathic Dispensary 547
The Perils of Militia Duty 595

PERSONAL AND NEWS ITEMS.

Pages 50, 107, 207, 257, 308, 356, 403, 452, 499, 548, 595

OBITUARY.

Dr. Henry Hubbard Darling 259
Dr. Myra F. DeNormandie 208
Dr. Leslie A. Phillips 259
Dr. Lewis Whiting 108

GLEANINGS AND TRANSLATIONS.

Absinthe in Epilepsy 354
A More Radical Method of Performing Hysterectomy for Cancer of the Uterus 354
A New Sign of Early Tabes 445
Another Use for Thyroid Extract 207
Arnica 446
A Sea-going Sanitarium 497
Cycling *vs.* Morphine 445
Diabetes Insipidus in Childhood 594
Diachylon Plasters in Atonic Wounds and Ulcers 446
Divorces and Suicides 445
Electrolysis in Strictures 354
Henry, Dr. W. O. 497
Hereditary Tuberculosis 356
Homœopathic Therapeutics of Skin Warts 446
Hysterical Persons and the X-Ray 355
Ice Water without Ice 446
New Method of Skin Grafting 443
New Treatment of Burns 443
Note of a Case of Salivary Calculus, presenting Unusual Symptoms 206
Portable Spirit Lamp 446
Temperance Teaching 207
The Blood in Tuberculosis of the Bones 594
The Dietary of European Peasants 107
The Dietetic Treatment of Chronic Heart Disease 206
The First Symptom of Pulmonary Tuberculosis and Its Detection by the Fever Thermometer 498
The Homœopathic Physician 256
The Influence of Influenza on the Sexual Apparatus in Women 442
The Promiscuous Use of Pocket Handkerchiefs 257
Thyroid Extract in Surgery 444
To Preserve Urine 206
Transplanting the Ureters 497
Treatment of Eczema by Steam 443

Digitized by Google

Tuberculosis Glands 443
Use of Water in India 445
Venesection in Opium Poisoning 499
Vinegar as an Antidote to Carbolic Acid 497
Water and Sand in Extinguishing Burning Kerosene 445
What the Nations Eat 442

REVIEWS AND NOTICES OF BOOKS.

American Text-book of Surgery for Practitioners and Students, An. Edited by Wm. W. Keen, M.D., LL.D., and J. William White, M.D., PH.D.... 348
Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. 542
An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M.D., F.R.C.P. 400
"Appendicitis" 49
Applied Therapeutics. By J. C. Wilson, M.D., assisted by Augustus A. Eshner, M.D. 544
Atlas of Traumatic Fractures and Luxations, with a Brief Treatise. By H. Helferich, M.D. 545
A Treatise on the Medical and Surgical Diseases of Infancy and Childhood. By J. Lewis Smith, M.D. 401
A Treatise on the Nervous Diseases of Children. By B. Sachs, M.D. 204
Chronic Diseases, their Peculiar Nature and their Homœopathic Cure, The. By Dr. Samuel Hahnemann 396
Clinical Lectures on Diseases of the Nervous System. By W. R. Gowers, M.D., F.R.S. 494
Cold-Catching, Cold-Preventing, Cold-Curing, with a Section on Influenza. By John H. Clark, M.D. 349
Color Vision and Color Blindness. A Practical Manual for Railroad Surgeons. By J. Ellis Jennings, M.D. 350
Delicate, Backward, Puny, and Stunted Children. By J. Compton Burnett, M.D. 46
Diagnosis and Treatment of Diseases of the Rectum, Anus, and Contiguous Textures. By S. G. Gant, M.D. 353
Diet in Sickness and in Health. By Mrs. Ernest Hart 451
Diets for Infants and Children in Health and in Disease. By Louis Starr, M.D. 451
Diets for Consumptives. By Dr. Chas. Wilson Ingraham 205
Electricity in Electro-Therapeutics. By Edwin J. Houston, Ph.D., and A. E. Kennelly, Sc.D. 402
Essentials of Physical Diagnosis of the Thorax. By Arthur M. Corbin, A.M., M.D. 593
Functional Disorders of the Nervous System in Women. By F. J. McGillicuddy, A.M., M.D. 496
Gray's Anatomy 452
Hahnemann's Defence of the Organon of Rational Medicine and of His Previous Homœopathic Works Against the Attacks of Professor Hecker. An Explanatory Commentary of the Homœopathic System. Translated by R. E. Dudgeon, M.D. 398
Handbook on the Diseases of Children and their Homœopathic Treatment, A. By Charles E. Fisher, M.D. 307
Handbook for Hospitals. By Abby Howland Woolsey 307
Helmuth House Reports 496
Homœopathic Materia Medica on a New and Original Plan, A. By M. N. Van Denburg, A.M., M.D. 447
Homœopathic Text-book of Surgery, A. Edited by Charles E. Fisher, M.D., and T. L. MacDonald, M.D. 201
International Encyclopedia of Surgery, The. Edited by John Ashhurst, Jr., M.D., LL.D. 48

Digitized by Google

International Medical Annual, and Practitioner's Index, The 495, 593
Lippincott's Magazine 49, 308, 593
Manual of the Essentials of the Diseases of the Eye and Ear. By J. H. Buffum, M.D. 47
Manual of Pathology. By Geo. F. Washburne, M.D. 543
Manual of Anatomy, A. By Irving S. Haynes, PH.B., M.D. 543
Manual of Nervous Diseases and Their Homœopathic Treatment, A. By Geo. F. Martin, M.D. 449
Manual of the Practice of Medicine, A. By Geo. Roe Lockwood, M.D. 204
Manual of Medical Jurisprudence and Toxicology, A. By Henry C. Chapman, M.D. 496
Manual of Surgery. By Prof. Chas. Adams, M.D., and Prof. H. R. Chislet, M.D. 347
Obstetric Accidents, Emergencies, and Operations. By L. Ch. Boisliniere, A.M., M.D., LL.D. 352
Physical and Natural Therapeutics: The Remedial Uses of Atmospheric Pressure, Climate, Heat and Cold, Hydro-therapeutic Measures, Mineral Waters, and Electricity. By Georges Hayem, M.D. 401
Popular Science Monthly 49, 498, 593
Practical Diagnosis: The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., Sc.B. 493
Practical Dietetics; with Special Reference to Diet in Disease 450
Practical Urinalysis and Urinary Diagnosis: A Manual for the Use of Physicians, Surgeons, and Students. By Chas. W. Purdy, M.D. 449
Practice of Medicine: A Condensed Manual for the Busy Practitioner, The. By Marvin A. Custis, M.D. 350
Pregnancy, Labor, and the Puerperal State. By Egbert H. Grandin, M.D., and George W. Jarman, M.D. 353
Present Status of Pediatrics. Edited by Benjamin F. Bailey, M.D., and Allison Clokey, M.D. 448
Principles of Surgery. By N. Senn, M.D., PH.D., LL.D. 544
Principles and Practice of Medicine, The. By Wm. Osler, M.D. 203
Some Prolegomena to a Philosophy of Medicine. By Giles F. Goldsbrough, M.D. 351
Special Pathology and Diagnostics; with Therapeutic Hints. By C. G. Rane, M.D. 542
Surgical Pathology and Therapeutics. By John Collins Warren, M.D. 48
Syphilis in the Middle Ages and in Modern Times. By. Dr. F. Buret 545
Text-book of Diseases of the Nose and Throat, A. By Francke Huntington Bosworth 592
The American Year Book of Medicine and Surgery. Edited by Geo. M. Gould, M.D. 48
The Eye in Its Relation to Health. By Chalmer Prentice, M.D. 545
The Multum in Parvo Reference and Dose Book. By C. Henri Leonard, M.A., M.D. 546
The Pathology and Surgical Treatment of Tumors. By N. Senn, M.D., PH.D., LL.D. 546
Therapeutics of the Eye. By Chas. C. Boyle, M.D., O. et A. Chir. 352
The Twenty-fifth Annual Report of the Middletown State Homœopathic Hospital 449
The Year Book of the Boston Homœopathic Medical Society for 1896 205
Transactions of the American Institute of Homœopathy. Edited by Eugene H. Porter, M.A., M.D. 47
Transactions of the Maine Homœopathic Medical Society 47
Treatise on Spermatorrhœa, Impotence, and Sterility. By Wm. Harvey King, M.D. 544
Veterinary Homœopathy in Its Application to the Horse. By John S. Hurndall, M.R.C.V.S. 495

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THE

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COMMUNICATIONS.

:o:

ADDRESS TO THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY BY THE RETIRING PRESIDENT,

HERBERT C. CLAPP, M. D.

January 2, 1896.

Members of the Boston Homœopathic Medical Society, Ladies and Gentlemen.

Having been reminded that it is expected of me to say a few words at this time, I take great pleasure in congratulating the society on the continued success of its meetings during the year 1895, as evidenced by the large attendance at them, and by the scientific and practical character of the papers read, and of the discussions thereon.

Very seldom have there been more than a few vacant seats in this large lecture room, and more than once have the wall-flowers which adorned its rear, until ten o'clock or after, in the quiet shade of the gallery (some of them exotics, to be sure), testified to an unusual interest in the matters brought up for discussion.

To what cause can we attribute the prosperity of our local society for the past three years? Surely not to our numbers, for there has been no tremendous increase in them, and if there had been, it would seem fairer to attribute this increase to our prosperity, rather than the reverse. Nor has there been any very great infusion of new blood, for the bulk of the work has been performed by those who have been in the harness for quite a number of years, who, presumably, have not become suddenly rich in the treasures of medical lore, but who have experienced that more gradual and healthy growth that comes with continued study and practice. Nor is it due, entirely, I think, to the enthusiasm which one or two, or a few lusty souls can arouse by a special spurt, to rally the lukewarm and dis-

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comfited forces and to fill them with new fire. It is due, rather, it seems to me, to the wise *system* which three years years ago we adopted as the basis of our work, and which places the responsibility for the success of each meeting on three persons, who (as well as the bureaux), entirely change each month, and are thus stimulated to healthy rivalry with each other, to make their meeting the very best in all the year.

By the method adopted scope is also given to every variety of talent. As is well known, some who have no gift whatever in extemporaneous debate, can prepare in the seclusion of their own closets very learned, finished and acceptable papers; but if they try to speak without preparation, their thoughts go wool gathering or come to them in a confused jumble. Others, on the spur of the moment, could think and talk on their feet to the edification of their listeners, but would sorely chafe under the task of writing out slowly and carefully what they have to say, and their listeners might perhaps detect a decided inferiority in such labored writing to the sparkling style stimulated by the presence of a real, live audience.

Even speakers without manuscript, however, can generally do much better, when by previous notification, time has been given to collect and arrange their thoughts. All the members of our society, therefore, who have anything to say, are now provided with an opportunity for saying it, within the proper time limits. Some, we are sorry to say, fail to embrace their opportunities for presenting food for thought, and others, by offering too lengthy papers, encroach on the time which really belongs to their associates. Occasionally, to be sure, a long paper is desirable, but in such cases the others presented, by previous arrangement, should be proportionately short.

Soon after the beginning of the past year, Governor Greenhalge in his message to our state legislature, not of his own accord, I believe, but through the promptings of others, singled out the *Westborough Insane Hospital,* the only one in the state under homœopathic treatment, for somewhat adverse criticism in a very general way, not mentioning any specific charges, however. An attempt was made to ascertain the nature of these general charges, and a somewhat lengthy correspondence was entered into between this society on the one hand, and the governor and the lieutenant-governor on the other hand, which was printed in the newspapers. It was found that the trustees of the hospital had already satisfactorily answered the charges made, and it was thought best in this correspondence to acquaint the governor, and through him the general public, with the statistical fact, which has never since been controverted, that the percentage of actual cures in curable cases in our Homœopathic Insane Hospital is far in

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excess of those in any similar allopathic institution in the state, all the other conditions excepting the treatment being identical. Of the curable cases admitted to this hospital in the year ending Sept. 30, 1894, sixty-eight per cent were cured, while the highest rate of cures of similar cases in any other state hospital (allopathic) during the same year was thirty-six per cent.

Of course, it must be remembered that the great majority of the inmates of any insane hospital do not belong to the curable class.

From the very first there has been manifest on the part of those who have an interest in being opposed to homœopathy a spirit of determination to find fault with the administration of the Westboro Hospital, and as the comparative results of treatment did not offer a shining mark, but quite the reverse, something else has had to be aimed at from time to time. About two months ago there appeared in the Boston *Transcript* a long letter, shrewdly written and cunningly devised to cast odium upon the hospital, on account of the unfortunate death by suicide last October of a lady in an out-of-the-way and very awkward place in the hospital cellar, which was seldom visited. The inference was that the failure to discover her body at once was due to gross carelessness on the part of the authorities, whereas the husband of the lady, after having been made acquainted with the exact locality and with all the peculiar circumstances of the case, expressed himself as being perfectly satisfied that all had been done which could reasonably be expected. If this had been the only case of suicide in our state institutions, it might very properly be made the occasion for public comment, but since (as I learn from printed reports), during the eight years ending Oct. 1, 1894, there was only one suicide at Westboro, whereas during the same time there were eight at Worcester, five at Danvers and five at Northampton (about which and about other defects at these latter institutions very little public stir has been made), the conclusion seems rational that some special animus lies beneath the present outbreak.

Worse than this newspaper attack were the unjust criticisms of the Westboro Hospital published in the last report of the State Board of Lunacy and Charity, claiming that there was too much noise and confusion, too many patients in restraint or seclusion, unnecessary crowding, and an imperfect classification of patients, etc. To us as physicians, this report indicates a great lack of knowledge of our methods of cure, as well as of some hygienic principles, not monopolized by any school of practice. It is better, we think, to have a little noise in some wards and a little mechanical restraint, than to fill up such patients with opium, bromide and chloral, and thus stupefy

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them into quiet, and at the same time diminish their chances for the recovery which ought to be the great aim of any institution in the curable class of cases. The seclusion complained of is none other than the "rest" treatment devised by Weir Mitchell of Philadelphia, which is now satisfactorily employed in many insane hospitals, as well as with neurasthenics all over the world, and combines rest in bed, seclusion, frequent feeding, massage and electricity as well as the homœopathic remedy. There being only limited room, it is better to crowd incurable cases a little, if necessary, for the sake of giving curable cases the benefit of this treatment. The State Board of Lunacy and Charity thus criticizes, strange as it may seem, the very measures which have made this hospital so much more successful in curing patients than any and all of the others in the state. None are so blind as those that refuse to see. Is it not desirable that at least one of the members of the State Board of Lunacy and Charity should be a practical homœopathist, in order to be able to explain to his fellows some of the fundamental principles of our science of cure? Would it not be advisable for this society to petition the governor to appoint such a member, when the next vacancy occurs, which I think is next month?

By all means the most noticeable and interesting event of the year from our standpoint is the establishment by our state legislature of the *Massachusetts Hospital for Consumptives and Tubercular Diseases.*

It is particularly gratifying to us to learn that this measure, which finally received a large vote, failed of sufficient support until an amendment had been inserted, expressly providing for homœopathic treatment for those patients who desire it; and the gratification which comes to us as a society is doubled by the knowledge that this movement in the direction of state homœopathy was not originated, as was the case with our Insane Hospital and some of our other institutions, by physicians of our faith, but by laymen who were members of our legislature; and it is pleasing to think that laymen have now become sufficiently educated and enthused to work in the interest of our cause without special prompting. I have yet to learn of one homœopathic physician who knew the first thing about the attempt to establish such a hospital, until quite a while after its consummation had been effected.

Nor did the member of this society who was honored by the governor with the appointment as one of the five trustees of this hospital, to be associated with two regular physicians and two laymen on the board, know of his appointment as trustee, or even of the creation of such a hospital, until a friend, having seen a statement of the appointment of trustees in the news-

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papers, wrote to him for information, which he was not able to give.

The board has lately voted to establish the new hospital in the small town of Rutland, which is geographically very near the centre of the state, and is said to be the highest suitable land east of the Berkshire Hills; it is two hours by rail from Boston. Buildings will be erected to accommodate 200 patients, as the law provides. Without any doubt, such limited accommodations will soon prove utterly inadequate for the crowds of unfortunates who will flock to them. I think it is the design of the trustees to treat patients in all stages of the disease in this institution, and not to confine their work to incurable cases, as has always been done in the Cullis Consumptives' Home at Grove Hall. This was evidently the special reason for locating the state hospital so far away (fifty-four miles) from Boston, near which is the centre of population of the state, in order to get the healthiest possible location for those patients in whom there was a chance for improvement. But we know by experience that in many cases poor consumptive patients, naturally enough, are cared for in their homes just as long as is possible, even at great sacrifice, and it is only when, from poverty or from stress of circumstances, their relatives can no longer give their dear ones the necessary care (this being greatly increased, of course, when the patient becomes bedridden), that they are forced reluctantly to send them to a home or hospital. Thus there will always be patients in our city to go to such an institution in a very advanced stage of the disease, and for many such a long two-hours' ride in the cars, with carriage journey at each end and the necessary transfers, would be very exhausting, perhaps dangerous, and sometimes absolutely impossible. What shall be done with such patients? Our City Hospital very properly refuses them, likewise the Massachusetts General and our Homœopathic Hospital. Before Dr. Cullis's Consumptives' Home was established, the almshouse was their only refuge.

The Cullis Home started in a small way about thirty years ago, and gradually growing to large proportions, as its beneficent objects became widely known, has already given a shelter to about 4,000 of these unfortunates, many of whom might otherwise have died, almost like rats, in cold, barren attics or damp cellars. Most of us do not need to be told how terrible a disease is consumption, even in the families of the well-to-do. What blessings can be too great for a noble institution like this, which is devoted with endless self-sacrifice, and without hope of pecuniary reward, to the alleviation of the sufferings of those victims who have nothing with which to care for themselves, and to the provision, without money and without price, of a

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comfortable and home-like place in which they may pass their last days on earth? Does not the whole community owe such a home a debt of gratitude? Does not the city of Boston, which has thus been saved thousands and thousands of dollars, owe it at least a "thank you," and a kindly feeling of recognition? And yet, strange as it may seem, *mirabile dictu,* there is, this very week, before the board of aldermen of our city, a petition to wipe it out so effectually, that "the place thereof shall know it no more. Some owners of real estate near by could make more profit, if the home were removed, and the grounds surrounding it were cut up and used for other purposes; so they have suddenly discovered what they failed to discover during the twenty-five years of its location at Grove Hall, that it is a menace to public health and dangerous to the community. The immediate occasion for the opposition to the home, was the expressed intention of its trustees to erect a new, handsome and well-appointed building in place of the old one, which has certainly seen its best days. The architect's plans had been prepared, the exact location had been staked out, and a building permit requested. Instead of the latter being a mere formality, as expected, violent opposition was made, and furthermore the petition to the aldermen above referred to against both new and old buildings was presented, and the aid of science in its behalf invoked.

As the question of health was involved, the aldermen referred that part of it to the Boston Board of Health, who, after giving a hearing to both sides, reported back to the aldermen, as any respectable board of health was bound to do, that if the consumptive patients are allowed to expectorate freely in and about the grounds, the dried and pulverized sputum may exert an injurious influence on the neighbors; but if, on the other hand, this practice is prevented (the board significantly adding —"which is practicable"),no danger need be feared. The aldermen then referred the matter to a committee of its number, which will in the future give a hearing and report.

The grounds of the home now measure about eleven acres. The city of Boston is cutting off a strip to widen Blue Hill Avenue to a grand boulevard 120 feet wide, leading to Franklin Park, and the trustees of the home are contemplating the sale of another part of the land. When finished the new building, designed for from forty to sixty patients, each in a good-sized and separate room, will stand on a large lot of five acres, and will be 165 feet from the wide boulevard mentioned, and 120 and 110 feet respectively from other streets. The new building will stand on land thirty-three feet higher than our state house hill, and will be within easy carriage drive from most parts of our city, a point of great importance for advanced cases, and

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these at this home make up eighty if not ninety per cent of the list. There are only about four or five patients, on the average, who are able to walk about the grounds, and each one of these is obliged to carry about with him a spit cup for use; and if he is once caught expectorating anywhere else, he is liable to instant expulsion, which means a good deal for a man who has no money and nowhere else to go. To hear the opposition talk, one would almost imagine, instead of these four or five poor people carrying about small spittoons and using them exclusively, a large regiment of ten full companies, perpetually marching around inside and outside of the grounds, and at a given order of the leader, simultaneously ejecting in this direction and that, a thousand volumes of tubercular material, repeating it again and again as often as fresh ammunition could be supplied.

At a home like this, and with this class of patients, with the cup provision mentioned for those who walk outside, and with the careful collection and destruction by fire of the sputum of those confined to their rooms, it can easily be seen that we can expect to be a hundred times more successful in the prevention of the means of propagating the disease than we can be in the treatment of patients at their homes. For you will agree with me that it is *absolutely impossible* for any physician to so control his dispensary patients, (and the same is partially true of his private patients of a better class), as to effect the complete destruction of the bacilli in their sputa, especially when they go about outside of their residences. The American citizen, whether born here or abroad, becomes so thoroughly imbued with the spirit of liberty and freedom, that he chafes under restraint, abhors sumptuary laws, does not believe in the right of the state or of anybody else to dictate to him, whether he shall drink whiskey or beer or not, or whether he shall practice medicine or not, nor does he believe that anybody has the right to dictate to him whether he shall employ a quack or an educated physician. How much more, then, will he resent the right of anybody to tell him where he shall spit?

Exceptionally an appeal to such a patient at large for the protection of others may be respected; but as a rule, no matter what his nationality, regardless of others he will claim the right to spit just where he pleases, and every advanced consumptive patient, who takes no unusual precautions, is capable of scattering broadcast millions of the seeds of the disease every day. In fact, when we do our very "level best," we can never hope to rid completely the atmosphere of this earth of the tubercle bacilli. It is as gigantic a task as it was for Mrs. Partington to stop the incoming tide of the ocean with her broom. It is as impossible as it is to effect the complete destruction of the subtle germs of

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scarlet fever, against which all boards of health fight, but never with a complete victory, no matter how rigid the regulations; and we are sometimes tempted, in consequence of their futility, to abolish all regulations. Likewise, no matter how rigid our rules, no matter if the Grove Hall Consumptives' Home should be removed, the inhabitants of that neighborhood could not possibly fail to be bountifully supplied with the bacilli, in sufficiently full and complete stock for all practical purposes, by kindly travellers on foot, in carriage, in the electrics or in the steam cars, or even by members of their own families now and then.

If a person has the proper receptivity, probably only one or two bacilli would be needed to cause infection. If he is not at all susceptible, probably the inhalation of one hundred would do no more damage than the inhalation of twenty. The moral is that we in New England should look to our receptivity rather than to the germ, and should endeavor to keep our systems above par to resist any encroachments, for there is now no place in our limits to which we can fly (and the same will probably be true for many years to come), where we can escape these deadly micro-organisms. Still, I suppose we should place our ideal high and strive to come as near it as we can, just as in the moral world, although we never can be perfect, we should try to come as near perfection as possible.

On this principle, we should, therefore, attempt the destruction of the bacilli tuberculosis outside of the body, even knowing all the while that we never can kill them all. Surely, in the case of poor people, we can kill more, when they are inmates of a consumptives' home, than when scattered about in tenement houses throughout the city. One great ally we have whose power is very imperfectly appreciated; the bacilli soon sicken and die when exposed to the powerful rays of our glorious sun, which is an additional argument from science in support of an old hygienic principle.

Wherever a consumptives' home is placed, probably some neighbor will object, and yet we must have them, as they must and do in other cities, within easy reach. Why not, then, let the Cullis Home stay where it was placed twenty-five years ago, when it was in the country, the neighboring houses having grown up about it since? The treatment is homœopathic and there are four skilful physicians in attendance in turn, members of this society,—Drs. Calderwood, Damon, Cutler and Carleton. For many years there have been one or two resident undergraduate internes, members of our school. The resident superintendent also is an M. D.

Lately the Roman Catholics have started a consumptives' home under allopathic treatment, in the same Dorchester dis-

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trict. For this likewise there is plenty of room and plenty of opportunity to do good. Instead of abolishing the existing homes in our city limits, more should be added, even at the expense of the city, if necessary.

Having published more than fifteen years ago a book to call attention to the contagiousness of consumption, when its advocacy was unpopular, and more than two years before the scientific demonstration of its bacillus by Koch, it would ill become me at this time, when almost everybody believes in the doctrine, to deny its infectiousness. But, while admitting that within certain limits it is contagious, though in an utterly different way from many other contagious diseases, let us, by all that is good and noble in human nature, refuse to become extremists, and, going way beyond the teachings of science, act towards our phthisical dear ones as if they had the plague, and shun them as if they had the leprosy. Shame on the man who would give such counsel!

REMARKS ON DIETETICS.

BY EDWARD P. COLBY, M. D., BOSTON, MASS.

[*Read before the Hughes Medical Club.*]

This particular acre has been so often and so thoroughly ploughed, that I hardly expect to render the ground any more productive by scratching it with my little hoe; but so long as we depend nearly as much upon selection of food as upon the giving of drugs, in continuing and recovering the health of those who consult us, everyone's observations and impressions are liable to present some bits which may be of value.

With the general bias of human nature, our most careful observations upon food are modified by our own tastes and idiosyncrasies. These are really prejudices and should not be given undue weight in our decisions. It is a common experience that if a given article of food is hurtful to a person he at once draws the conclusion that it is generally injurious to the whole race, and *vice versa* with whatever he likes and which agrees with him. All people cannot use the same dietary, nor can one expect to make use of the robust compounds belonging to a state of health when he is tied to a bed of sickness.

The popular test by which to decide the wholesomeness of any food is the presence or absence of nausea, gastric or abdominal pain, diarrhœa, constipation, with flatulence or headache. All these being absent, the decision is directly arrived at that the food eaten is salutary in every respect. We should not go far wide of the mark in saying that this court of decision

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is not composed entirely of the laity, but has a goodly number of our own profession included in its membership. In judging from such a standpoint serious error is often committed and a patient is allowed to partake of that which poisons his blood, irritates his nervous system or deranges his kidneys, because his stomach and bowels do not cry out against it. Were this a more formal article, it should include the chemical formulæ and the dynamic value of the articles discussed.

In selecting foods a knowledge of their chemical composition is useful and necessary, but we must also consider the peculiarities of each article; i. e., whether it comes up to the old-fashioned standard of the gastric and intestinal scale, as well as its scientific standard in building anew and repairing waste, something apart from its nitrogenous and carbo-hydrate value.

In treating the various constitutional irregularities known as dyscrasiæ, we are called upon to consider very carefully the relationship between the disease and the food. All physicians recognize this in gout, diabetes and albuminuria. The gouty diathesis represents only one type of the uric acid irregularity. In lithæmia there is a tendency in one class to the deposit of urates in the small joints, with periodic exacerbations, and a disturbance of the hepatic and general digestive function. In a second form of this trouble the poison exerts its baleful influence upon the nervous system and—probably secondarily—upon the muscular tissue. In these states we find the subjects differently affected by food.

In one instance the highly nitrogenized foods, like red meat, eggs and the leguminous products, will in a short time cause an explosion of symptoms and a fresh deposit in the joints. In the other case a moderate indulgence in the carbo-hydrates, such as saccharine substances, will cause headache, muscular stiffness, with neuralgic pains, and usually mental irritability and a tendency to melancholy. In the first instance meats and other foods known as "strong diet" are to be indulged in with the greatest circumspection, and a diet composed largely of vegetables, milk and good fresh fish prescribed. The second group can indulge more freely in a meat diet, but must eschew all saccharine food and partake but sparingly of articles exclusively amylaceous, starch being converted by digestion into glucose. In both cases care must be used that everything eaten shall be easily, thoroughly and quickly digested.

In this class of maladies, as far as we now know, if any one function be at fault, and to be held responsible, as is the hepatic and it is probable that here is the great error in metabolism. It is known from constant observation how the functions of the liver are sympathetically affected by fault in the gastric and intestinal digestion. An imperfectly digested mass in the

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intestines, fermenting and evolving gas, interferes with the hepatic functions, both by pressure from the inflated intestines and by irritation. In these lithæmic subjects food should be taken with care as to quantity as well as kind, that a surplus may not be left to decompose and irritate.

Idiosyncrasies excluded, if proteid food be injurious, a plain diet should be insisted upon, and this should include butcher's meat less than once a day. To this may be added the white meat of chicken or turkey once or twice weekly, and broiled, boiled or baked fresh fish such as cod, haddock or halibut daily, and stalè bread or bread made with baking powder with each meal. Graham bread is theoretically a typical product, but as ordinarily made it is yeasty and causes "burning at the stomach" with acid eructations. The various advertised grain products, cooked, ground or rolled, are as harmless as they are insipid, except with patients who must restrict their farinaceous indulgences.

As to fresh vegetables it need only be said that mostly they are innocuous, but there are a few which cannot be indulged in. Cabbage and turnip both contain a volatile oil and considerable sulphur, and are not well borne. The same may be said of onions, although we often find a patient who thinks he gets much benefit from an occasional dose of boiled onions. The lithæmic, without gouty symptoms, cannot indulge in tomatoes or garden rhubarb, as they both contain appreciable quantities of oxalic acid. This acid is also produced in the system by the imperfect combustion of the sugars, and is to be avoided. Most of the acid fruits have their acids so decomposed and recombined before being taken up by the blood as to tend towards alkalinity and are to be allowed. This is especially true of the citrous group.

The leguminous foods, such as ripe beans, peas and lentils, form typical nourishment for the active laboring man, with all his organic powers at their best estate and who has an abundance of exercise in pure, fresh air and sunlight to aid the natural processes. But these articles are highly nitrogenized, practically concentrated food, and the bean is covered with a flinty outer skin which becomes to all purposes a foreign body in the alimentary canal. It is also familiarly known as the most flatulent of all foods. In the immature or green state the excess of nitrogen and the glassy skin are not developed, and the legumens are fairly well borne. An example of this class of preparations made for invalids is found in the "Revalenta Arabica," which is composed of a maximum of lentil and barley flour with a minimum of the cocoa bean. This was at one time a favorite compound in the sick room.

Among the farinaceous foods I am a firm believer in the

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benefit to be obtained from the use of the meal or flour of the Indian corn. It contains both muscle-forming and heat-producing material, and if properly cooked is well borne by all excepting the most delicate stomachs.. There are, it is true, some persons who through idiosyncrasy are made uncomfortable by it, but such instances are not common. The ordinary brown bread is not the most favorable method of presenting it, as it is a mixture of corn-meal, molasses and rye, which is very likely to cause acidity, regurgitation and pain. The well known "hasty pudding," if thoroughly cooked, and "johnny cake," provided it is made without using molasses, seldom cause trouble. In feeding the young I am sure corn-meal might more frequently be used with advantage.

In speaking of bread that made with baking powder has been mentioned, and for the following reason: The ordinary yeast bread always has an excess of yeast added in its preparation, presumably to insure its lightness. In baking, the centre of the loaf is seldom subjected to a sufficient degree of heat to thoroughly destroy the yeast plant, or at least to destroy the spores. The centre of the mass is also moist, and this moisture is retained from twenty-four to forty-eight hours by the impervious crust and the grease used to prevent adherence to the pan. This combination of conditions renders the interior of the loaf a very complete culture medium for the further development of the yeast fungus, and is, I take it, the chief reason why stale bread is selected by dyspeptics, as when it gets stale sufficient evaporation has taken place to render the fungus dormant. This objection does not obtain with any of the cream of tartar or phosphatic baking powders, nor have I ever seen any evil results from bread made in this way, provided the alkali was in proper proportion and the whole intimately mixed with the flour. On the contrary, it has often happened that fresh, even warm, powder bread has been much better borne than stale yeast bread. Although not to be recommended as a practice, I have frequently allowed warm powder bread given to quite young children and have thus far seen no evil results. Probably one reason that toasted bread is borne by some sensitive stomachs is that the toasting thoroughly destroys the yeast plant.

Fried foods, such as hashes and fricassees, are questionable with the feeble, as they all contain more or less fat which has been for quite a long time subjected to heat. By this process fatty acids are changed through destructive composition, and injurious compounds are developed. For this reason there are but few animal products which should be used after being twice cooked. Not only are the fats decomposed, but the vegetable portions of the mixture are so sodden with grease

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that the digestive fluids can attack them but imperfectly and with much delay.

Cheese is one of the most concentrated nitrogenous foods, but unfortunately it is for many one of the most "injurious." It is singular that the friable, over-ripened cheeses, almost putrid in odor, like the Roquefort and Gorgonzola, cause less disturbance than the ordinary American kinds, which, although fresher and more pleasant to the sense of smell, are tough and liable to cause flatulence.

The selection of table beverages requires some judgment and should be considered with the dietary. The constitutional habits of the patient should be looked at in prescribing even tea and coffee. The vigorous laboring man probably does not really need either tea or coffee; many invalids and nervous subjects cannot bear them. In fact, if we all led perfectly natural lives these adventitious aids would not be aids at all. But we are none of us leading such lives, and there are frequent instances where coffee and tea taken in moderation serve to counteract some other irregularities in our artificial habits and are on the whole beneficial, other things being equal. Circumstances may absolutely compel a person to protracted labor during the late hours of the night with an early resumption on the morrow. Here the morning cup of coffee helps out the tired organism, and the evening cup of tea is a present help in time of need. After a long ride in severe weather, or hard labor under like circumstances, either of these beverages taken hot acts kindly. In addition to the other benefits is the important one that they are taken warm. I hold the belief that every considerable meal should have some of its ingredients taken warm. Many a severe and long-lasting dyspepsia has its foundation in hurried cold lunches. The haste, bad enough in itself, is not the sole transgression.

In feeding invalids we must not forget that both tea and coffee retard metabolism and have a decided effect upon the nervous system. In lithæmia, metabolism is to be assisted and hastened,—so here tea and coffee are not to be recommended. A weakened nervous system is, as a rule, irritable, and the reflex function is over-active; so in selecting some nutritious beverage for the gouty or neurasthenic patient we choose some of the mild cocoa preparations, or milk and hot water, or perhaps one of those tasteless substitutes made from roasted grain.

Coffee seems to have, and undoubtedly does to a certain extent have, the property of spurring the lagging heart. For the past two or three years I have prescribed a paste made from the kernel of the kola nut. This is given dissolved in hot milk, and it is useful in cases of pronounced anæmia. In two

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cases showing the symptoms and histological blood changes of progressive pernicious anæmia, very decided benefit has seemed to follow its use. The particular preparation used is a thick paste, free from alcohol, and which preserves its character in all seasons. It is made in London and sold under the name "Kolatina." The liquid extracts and elixirs made in this country may be fresher and better, but I have not tried them. The general experience with the concentrated meat extracts has not led me to be enthusiastic in their praise.

In the solid extracts there appears to be but little beyond temporary stimulation, and the liquid extracts fall short when compared with plain milk. With the peptonized animal foods there really does seem to be something reliable, and when the alimentation must be rectal nothing serves the purpose so well as the peptonoids. Soups act more to stimulate the appetite than to convey any great amount of nutrition to the tissues. The theory that soup made largely from bones contains a surplus of lime salts is hardly substantiated by results. All soups are rich in gelatine. It is sometimes advantageous to stimulate the appetite and in a mild way to excite the stomach, and here, I take it, is the office of condiments. We sometimes have on our hands a dyspeptic who will not, or positively cannot follow our instructions as to food and habits, and yet we are not warranted in telling him, or more often her, to go to the dogs, but must do our best to alleviate the miseries of indigestion. If the fault is in a laggard stomach it can often be perceptibly relieved by taking sparingly some of the stimulating condiments, like red pepper, curry powder or the fiery East Indian chutney. Possibly there may be those here who have never come across a patient who is driven to distraction by eating the plainest food, but eats mince pie with present and future pleasure. If you have not met him you still have that experience in store. It is undoubtedly a case of laggard stomach and the spices rouse it to a realizing sense of its duties. I would not have you think I look upon mince pie as a nice diet for invalids. Some of the simpler condiments would have been better. As to pies and cakes in general, they are simply not to be spoken of. An invalid pie-eater should be turned over to the parson, off hand.

The diet in diabetes is so minutely discussed by all authorities on therapeutics that it is needless to speak of it further. Nor does it seem necessary to go into the subject of certain articles of food causing "biliousness," except to say that certain foods highly charged with saccharine matter may throw upon the liver an undue amount of labor, in part direct and in part by causing constipation. The so-called shell fish are more subject to personal peculiarities than any other class of food.

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Oysters are, as a rule, easily disposed of and are considered to be most easily digested when fresh from the shell and not cooked. An exception to their adaptability is when they are cooked as a stew, which is a mixture of oysters, juice, milk and grease. This compound often causes trouble, but broiled or quickly roasted in the shell they are palatable and easily digested. Clams are tough and likely to cause distress. The broth of clams is but little more than salt water, yet I have known it to do considerable in starting up an appetite for better food. It is firmly believed in by people living near the sea-shore and there is no harm in making suggestive use of the belief. Lobsters are much better at a picnic than in the sick-chamber.

The descendants of the Pilgrim fathers appear to have a decided aversion to the fat portion of beef and mutton, and this is almost a calamity, for if there is a collection of people this side of Arabia who need to grease up their insides it is right here in New England. Those of our clientage who scrupulously pick out and reject the fat meat at their meals are usually the very ones who need it most. It is difficult by any argument which can be advanced to break up this habit and its companion, that of eating meat cooked until every vestige of flavor and nutrition is fairly burned out of it,—just a mass of semi-carbonized muscular tissue. In some countries the people introduce the fat element in their diet by the free use of olive oil, and to a person of fairly good digestion it is a serviceable means of conveying fatty matter to the system. Through the country portion of New England olive oil is looked upon with horror as a thing only to be used in connection with a syringe.

I would like to say a few words regarding perfectly freshened fat pork, but the article is already "beyond limits." I will therefore refer you to Emmett in his work on gynæcology.

I have said nothing upon the feeding of infants, for I believe after years of watching and experimenting that, within certain limits, it is a matter of finding in each case by patient trial what is best adapted to each individual child and using such food until a change is indicated, and then in the same way selecting the next substitute. In pursuing this course we should consider the demands of the developing tissues.

There are many important subjects not spoken of, but I wish to save a little space for the subject of stimulants. Alcoholic stimulation has been worked at from every point, moral, physiological and economic, so you are saved that much. In what I say the right or wrong of the general question is entirely ignored, but if the thing is used it should not be blindly used. It is not reasonable to conclude that the action of all alcoholic

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compounds is identical and several of them have individuality worthy of note. The malt liquors, aside from their alcohol, have a tonic effect and excite the appetite. They likewise favor a tendency to the formation of fat. Lager beer, in addition to this, helps to overcome the habit of constipation. As is well known, all malt liquors are capable of precipitating an attack of gout, and should be avoided by those who have lithæmia.

The wines, by reason of their varying proportions of alcohol and still greater variety of ethers and acids, have peculiarities giving quite wide range for selection. To be brief, then, among the weaker wines, claret and the Rhine wines, being free from sugar and thoroughly fermented, are nicely borne by the stomach. They are made without the addition of sugar, and there is so little saccharine matter in the grapes from which they are produced that the whole is decomposed in the process of fermentation and ripening. Of all the wines they cause the least disturbance to the gouty. Burgundy is a heavier-bodied wine, capable of producing gouty attacks at short notice. I know of no wine, however, better adapted to help a weakened nervous system, or to add strength and vigor to one of the poor, miserable uterine cases, than a good, generous Burgundy. It has occasionally helped me out where medicines and local treatment have come to a standstill. The still wines of the Moselle district have the advantage of being only mildly alcoholic, and they appear to exercise no injurious influence upon the bladder or kidneys. They are also the product of perfect fermentation. Hence they can be given in old and exhausted cases of bladder and prostatic disease. Champagne is connected in the mind with wassail and municipal functions, but a good dry champagne is one of the best borne stimulants where the stomach is so irritable as to reject even small swallows of milk. In the later stage of severe typhoid I have seen it do excellent service. With those who are unused to the many vinous products, sherry and port seem to fill the general idea of *wine*. I think this a mistake, for, excepting the direct purpose of administering alcohol, they would seem to be among those least adapted to invalids. It is almost impossible to procure either, in this country, which has not been fortified by the addition of spirit. This addition is made either towards the close of fermentation to check it and preserve a portion of the grape-sugar, or, more frequently, when it is sent to the market, to cater to a vitiated taste in the average consumer. Port contains a large percentage of tartar, which is only thrown down as the wine ages. Both are strongly alcoholic and sherry is really more acid than some of the sour wines. Madeira is so little made that we do not expect to find an honest article at any reasonable price.

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In the western and central portions of our own country wines are being made, some few of which are very good substitutes for those imported. Among these may be recommended the California claret and hock and the champagne made in the vineyards on the shore of Lake Erie. They all have one saving quality in that the American wine-growers have not learned the fine art of sophistication. The California "Angelica" has the fermentation arrested by the addition of brandy before the sugar is all decomposed, thus adding to its alcoholic strength and preserving the sweetness of the grape-sugar. It is more a cordial than a true wine and is very likely to cause a burning in the stomach.

Our native New England wines are made by the addition of cane-sugar and are wines only in name,—they are cordials. Were they distilled the result would not be brandy, but a mixture of brandy and rum. This stricture applies to the whole list, currant, blackberry, grape, elderberry, etc. Fully matured (hard) cider has a popular reputation as being good in jaundice and milder degrees of biliousness. Quite an extended opportunity for observation has led me to think there may be some foundation for this belief. I well remember that my former preceptor used it with marked success in cases of obstinate diarrhœa. Of brandy, whiskey, rum, arrack and gin but little need be said. Being distilled liquors the acids and delicate ethers are broken up and dissipated by heat, and they are only looked upon as so many preparations of alcohol, one of which will replace the others equally well. They have no place in dietetics.

In this club the personal equation has always been so generously treated that I have ventured to present these imperfect and rambling remarks without consulting authorities, that they might solely reflect my own memories and impressions, and in so doing I am ready to submit to the probability that they may be taken as also representing my prejudices.

CLINICAL EXPERIENCE IN ACUTE INFLAMMATORY CONDITIONS OF THE MIDDLE EAR WITH REPORT OF CASES.

BY J. P. RAND, M. D., WORCESTER, MASS.

[*Read before the Worcester Homœopathic Dispensary Association.*]

Upon the sixteenth day of February, 1893, I was called to see Mr. G., age twenty, a student at the Polytechnic School. He had been suffering intensely from earache (otalgia, some would say) and was so when they telephoned for me, but

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when I arrived the drum had ruptured, leaving him free from pain, so that I was informed by the family that I should not have been called had they known how comfortable he would have become on my arrival. I had no instrument with me for looking into the ear, but I told him I thought he had seen the worst of it, and directed him to come to my office on the second day following, when I would examine the ear more carefully and ascertain if possible the extent of the damage.

I was not allowed to dismiss the case so easily. The next day I was called again, and the report was that a few hours after my leaving, the pain had returned in his ear as hard as it was before. Meanwhile the amount of the discharge was considerable. It was not like healthy pus, but of a bloody, serous nature and very thin, so that it would saturate a good-sized plug of cotton every half hour. I gave him chamomilla and directed that the ear should be syringed out carefully with warm water.

The next morning I was again summoned, before the time I should have otherwise visited him. He had not "slept a wink" for twenty-four hours and was feverish and tired as a result. The ear appeared to be rapidly growing worse, and I gladly yielded to the suggestion of the anxious mother for counsel. I was the more desirous for advice, for I feared the case would soon become a surgical one, the mastoid process already being the seat of considerable pain. This time I had brought with me cocaine and morphine solutions, mullein oil, that has made the name of "Cushing" famous, chloroform to be vaporized and blown into the ear by an attendant, and last, but not least, the peroxide of hydrogen and permanganate of potash.

It seemed best to begin the treatment with the hydrogen peroxide, which was dropped into the ear, at the ordinary strength, and allowed to remain until effervescence had ceased. Then we left directions that the mullein oil, cocaine and morphine should each, if necessary, be given a trial, to be followed by the application of a mustard paste around the external ear should they fail to relieve. We had a chance to observe the action of the paste, which was prompt and satisfactory after all local medication had been unsuccessful. Internally I gave him aconite 1x and silica 3x, and the following day when the fever had diminished I gave him capsicum and silica, which he continued to take through his entire illness. His improvement was uninterrupted, though he was obliged to remain indoors for about three weeks on account of the extreme severity of the weather. Occasional examinations with the speculum revealed an entire absence of the drum membrane, while his hearing distance for the watch was

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reduced to about three inches, but under the continued use of silica and the occasional cleansing of the ear with the peroxide, before the close of the second month the drum was entirely restored and his hearing distance as good as the average.

Case two appeared to me just two weeks from the date of my first visit to number one, and while he was yet under treatment. Like him, he was a student, being at that time attending the State Agricultural College at Amherst. His history, like that of his predecessor, gave no evidence of any injury to account for the trouble. When I saw him he had been ill for about one week and came to Worcester by the advice of his attending physician where he could be taken care of, as the malady was evidently growing worse. The inference was that the mastoid cells had become so involved that it would be necessary for him to go to a hospital for treatment.

At Worcester he was cared for by his aunt, whose daughter, of about the same age, had nearly lost her life from mastoid disease, escaping with a paralysis of one side of her face, from injury to the facial nerve at the time of the operation. This young man had a sero-sanguineous discharge from the ear, like number one, and quite as abundant. He was so deaf that he could not hear ordinary conversation, and in addition the mastoid process was enlarged and tender, so much so that no one could fail to notice the deformity. He suffered no especially sharp pain in the ear, but complained of a great deal of throbbing, for which condition I gave him belladonna, giving him silica 2x every four hours and cleansing the ear with peroxide of hydrogen and permanganate of potash, as in the preceding case. In two weeks' time the discharge had almost entirely ceased, his fever was gone and the swelling of the mastoid process very much reduced. He seemed so well that I consented to his returning to Amherst to take his examinations of the winter term. I have seen him once since, and found the drum membrane fully restored.

His cousin, who still visits her old-school aurist at Boston occasionally, one day told him the history I have just related, and he assured her had my patient been in a hospital there was not a particle of doubt but an operation would have been performed.

Now, as you all know, I am not an enthusiast in drug treatment, but in this case and the one preceding I have not a particle of doubt, had they been under old-school medication, both would have grown progressively worse. It may not be an easy thing to prove, but in my opinion the silica had a great deal to do with the prevention of mastoid disease.

The cousin to whom I have previously alluded has been under my general medical care for the past two years, during

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which time she has taken silica almost daily, and as a result, I believe, has gotten along without serious trouble. A few times she has neglected to take her medicine for a few weeks, when pus would invariably reappear in the discharge from the ear. I am also impressed with the preëminent value of peroxide of hydrogen as a cleansing agent for the cavity of the middle ear. But it is a drug that deteriorates easily, and there may be a great difference in the effervescing power of what you purchase. It should be bought fresh and dispensed in small vials to prevent the waste of the oxygen from frequent opening of the large bottle. I also wish to commend to your notice the prompt action of the mustard paste in relieving the pain. Pomeroy and most of the old-school authorities recommend leeches for just this purpose, but I doubt if they have any advantage over the homely sinapism which can be found in every cupboard.

I have seen many cases of earache in children and chronic forms of suppurative inflammation in the adult, but I have rarely seen two cases that progressed more satisfactorily than the ones I have just reported, and I am confident that with intelligent care and proper medication the majority of cases with acute suppurative inflammation of the middle ear can be assured of complete recovery with restored hearing and a new drum membrane.

In addition to the above I have to report a similar case of ear disease that happened in my practice more recently:

Patient a little girl of about eight years, of a scrofulous habit or possibly of syphilitic taint. For some years has had an occasional attack of earache which would invariably discharge, with complete relief to the pain,—the discharge itself lasting but a day or two.

On the third of last December she was "taken down" with measles, which ran their usual course, except she was sicker than the ordinary child of that age, and during convalescence the eruption was very slow to disappear. When the rash was nearly gone I was surprised one day to find the temperature high, and was told the child had lain awake nearly all night crying with the earache. The discharge in this case was similar to the two already reported: not pus, but a bloody serum, which would saturate a plug of cotton every hour. There was no delirium or alarming symptoms, but the child grew weak from elevated temperature and loss of sleep. I cleansed the ear every morning with a douche of carbolized water, following it immediately with a warmed solution of the peroxide, repeating it until it ceased to effervesce. When one ear had been discharging in this way for about a week, the other developed the same train of symptoms, broke and discharged in exactly

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the same manner. For a few days she became quite deaf, so that she would not hear unless spoken to loudly. Internally I gave her belladonna 2x and silica 3x, but after following with them for about ten days, I changed the silica to sulphur 1x, and soon had the satisfaction of noting a decided improvement. The case has no especial significance, but I speak of it to emphasize the difference between an acute suppurative otitis and a simple accumulation of pus in the middle ear, with rupture of the drum membrane.

Another case of ear disease, and not without its lesson, was that of Mrs. D., a widow of about sixty years. I was called to see her Aug. 19, 1892. She had a high temperature with severe pain in the head and at times delirium. When I attempted to discover the cause I learned that for a year or two she had had a growth protruding from the auditory canal, which of late had become so large as to entirely obstruct the passage. As I passed the probe around it a small quantity of pus escaped, which was extremely fœtid. Here, then, was the *solution* of the whole problem so far as the cause was concerned, and *dissolution* the result. At my next visit I removed a polypus from the ear which was about the size of a bean, after which I had no trouble in keeping the ear perfectly clean. But the remedy came too late. The mischief set up in the ear continued, and in about five days the woman died from cerebro-meningitis, caused, and caused wholly by neglect.

I have had one or two interesting cases the present winter. Patient, Mrs. E., age about 40, a "minister's wife by profession," was taken suddenly deaf in one ear. At my first visit she could distinguish the ticking of the watch at about six inches. The deafness rapidly increased, so that at the end of four days she could not hear on that side at all unless pressed against the ear, and then not distinctly. I then began inflating the ear with the Politzer bag. The first inflation increased the hearing distance to about four inches, and this she nearly retained until my next visit, two days later, when a second inflation added about as much more. This I continued for about two weeks, when her hearing was wholly restored and she could hear the watch at a distance of about four feet as well with one ear as the other.

At the very time I was attending her I was called one evening to see a lad of about ten years who was complaining of, if not absolutely suffering a good deal from, earache. The pain in one ear was apparently severe, and he was sick and nervous as a result. The next day I examined his ear with a speculum and found it plugged with some foreign substance. I tried to wash it out with the syringe, but was unsuccessful. I then, through the speculum, succeeded in catching hold of

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it with my forceps. It appeared brown and wrinkled, like some kind of seed. The lad appeared to know nothing as to how it got there. The next day he confessed to his mother that he had slipped an orange seed into his ear some six months previous and there it had remained. This boy was subject to attacks of earache every few days or weeks, and the orange seed had doubtless much to do with it. He had no drum membrane on that side when I left him and I don't expect he has any yet.

The lesson which I have gathered from this very ordinary list of cases is to take nothing for granted, but to examine the ear in each case and see what the trouble really is. It is nonsense to prescribe chamomilla or pulsatilla for an earache when the pain is due to a foreign body which can easily be removed. It is little better than criminal to allow a recently ruptured membrane to stay unhealed when much can be accomplished by keeping the ear clean. Even in an infant who would not allow you to use the ear syringe, and in whom its use would do more harm than good, you can drop in a little peroxide from a spoon and do much towards keeping the cavity clean. Nor should the internal remedy be forgotten. Most cases of suppurating disease require what we call constitutional remedies, like sulphur, silica or lime. There is a dyscrasia behind the attack which must be corrected if we would get the best results.

A CASE OF PUERPERAL INSANITY.

BY DE ETTE BROWNELL, M. D., WESTBORO, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

Puerperal insanity becomes of greatest interest to the general practitioner when he has a case of it to treat. Until such a time it is a subject but little discussed. The majority of cases of puerperal insanity occur within the first fortnight after delivery, but the disease is technically limited to within the first six weeks (Clouston). Five per cent of all the cases of insanity among women are puerperal, and from 75 to 80 per cent of these cases are expected to recover, if we can be governed by the statistics of Clouston and Bevan Lewis. Our own statistics, i. e., those of the Westboro Insane Hospital, show that in thirty cases treated, twenty have recovered, or a rate of 66⅔ per cent.

The case I am about to report was interesting on account of its severity and long duration, and from the fact that she seemed to be merging into a chronic condition of dementia when admitted to our hospital. The history is as follows:

Mrs. B., age twenty-eight years. On admission had been

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insane one year and three months. Her family history was good with one exception,—her father committed suicide; due, no doubt, to depression brought upon him by business troubles. She had had a perfectly normal first pregnancy and short, easy delivery. Her health had been excellent up to within the eighth month of her second pregnancy. At this time her condition became alarming as a result of albuminuria. The family were told by their attending physician that there were pus and casts in her urine, and from this time on to delivery the case seems to have been critical. She was delivered at full term of twins, the delivery being instrumental and a badly lacerated perineum followed, which was not repaired.

Twelve days after labor she was taken violently insane, singing, screaming, saying that she was dying, etc. Very shortly she could not be induced to take food, believing it was poisoned. During this time the albumen in the urine increased. The excited condition lasted one month and was followed by so complete a physical prostration that if she had delusions or hallucinations she was too weak to express them. Large bed sores developed over both trochanters and sloughed to the bone, and to-day, though healed, there is nothing but a thin skin over the bone, which can be easily seen and felt at the bottom of deep excavations of tissue in these regions, which can never be replaced. At this time her death was looked for daily. But after several weeks, she improved physically, and during the following months was moved east from Nebraska. She had at this time periods of depression, was easily excited and irritable, and if she exerted herself in any way was apt to indulge in silly laughter.

She next entered a private hospital for the purpose of having the much-needed operation on the perineum. While in the hospital she grew depressed over a suit which had been brought against her, and on leaving the hospital a few weeks later became violently insane again. She then was taken to a private hospital for the insane, and her history while there was one of excitement, depression, violence and suicidal impulses. She was incoherent, recognized no one, and on account of destructiveness and excitement had to be controlled by manual or mechanical restraint.

My first authentic test of her urine was obtained from the physician in this private hospital, and it then presented only a trace of albumen and a few hyaline casts. This test was exactly one year from the time albumen first appeared in the urine. She was five months in this private hospital and discharged unimproved, and came to us a few days later.

Her condition on admission to Westboro was excited, the

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same as before. There was no albumen in the urine, however. She was restless, sleepless and incoherent. Her attention could not be gained even momentarily. She drank liquid food automatically, was untidy and destructive. A peculiar motor disturbance was exhibited by a continual jerky nodding of the head and odd contractions of the facial muscles, particularly those of the mouth, only to cease during sleep. After several weeks of treatment, rest in bed, cocoanut oil baths and the indicated homœopathic remedies, the case was unimproved. In fact there had been absolutely no change in her condition. We felt the case was fast merging into a chronic condition of dementia, and unless something were done shortly she would join that large number of incurables of which every insane hospital has too many.

At this time we decided that extract of sheep's thyroids might possibly act as an aid to brain nutrition and give the central nervous system that stimulus which seemed in her case so much needed. Early in the year we began treating a few long-standing cases of mania and melancholia with thyroid and obtained some excellent results. After reading several articles on thyroid feeding in the journals, and one in particular by Lewis C. Bruce, assistant physician to the Royal Asylum at Edinburgh, in which he claims that every one of his cases of puerperal insanity recovered under this tretament, we decided to experiment further.

In this case the feeding was commenced by giving two grains of Armour's dessicated thyroids, equal to one-third of a gland, at night. This caused a slight rise in temperature. During the latter part of the month she grew more quiet, the pulse was strong and the dose was increased to four grains of thyroid. The mental condition commenced to improve after the first three weeks of treatment. It was gradual and there was one remission of a few days when the excitement was intense. Sleep finally became established regularly, body and brain nutrition seemed to improve simultaneously, and recovery resulted three months from the time the use of thyroid was commenced. The action of thyroid is usually first observed by a rise of temperature. This patient had at no time above 102°. We endeavored to keep it from 100° to 101°. Bruce, in his paper, says that he believes the beneficial results produced are due to the febrile action induced, this causing more rapid cell metabolism, and that with ordinary care the danger to the patient is slight.

From statistics offered of its value in myxœdema, and, in certain forms of insanity and its action on the tissues generally, it would seem to be worth while to experiment in certain cases of impaired nutrition, particularly if the nervous system seems at all at fault.

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FOREIGN BODIES IN THE EYE.

BY JOHN H. PAYNE, M. D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society, Dec. 5, 1895.*]

With the ordinary form of this accident you are all undoubtedly familiar, the loose lodgment of particles of dust or cinders on the surface of the eye. These particles are either lodged upon the surface by direct contact, or are caught by the eye lashes and by them thrown upon the eye during the act of winking. The first impulse of the person attacked is to squeeze the lids energetically together, to rub them violently, and to indulge in spasmodic winking, all of which usually results in driving the offending particle into some fold of the conjunctiva, and to cause it to penetrate the tissue and to secure permanent lodgment in its substance.

This, of course, is obviously wrong. When the particle has first fallen upon the eye the person should turn the eye strongly downward,—not close it,—should grasp the lashes of the upper lid between the thumb and forefinger, pull the upper lid directly outward from contact with the eyeball, and then with the second finger of the same hand gently stroke the surface of the lid from the outer to the inner canthus, and thus coax the particle over toward the inner corner of the eye, from which it can be removed later by the handkerchief. The lid should be stroked from the outer to the inner canthus because the outer terminates in a pouch or fold of conjunctiva that would serve to retain the particle, whereas the inner is free from this objection. This will prove very efficacious in the great majority of cases. Should this fail, however, search should be made by direct inspection of the conjunctiva of the lid and of the eyeball. The patient should be directed to look strongly upward. The lower lid should be pulled downward and everted so that the retrotarsal fold and the whole palpebral conjunctiva of the lower lid is exposed. Should this fail in disclosing the offending member the lower lid should be gently replaced and the patient be directed to look strongly downward at the floor, and the upper lid should be everted so as to exposed to the upper palpebral conjunctiva. In this case it is almost impossible to bring into view the upper retrotarsal fold, and, if the search results in failure, one drop of cocaine, two or four per cent solution, should be dropped into the eye to relieve the spasm of the orbicularis, then the lid everted as before, and a small, blunt probe or spatula be used to sweep under the lid along the retrotarsal fold in the effort to dislodge the particle. Frequently the relaxing effort of the cocaine is sufficient of itself to loosen the particle and to bring it down into view.

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Cinders and particles of steel and emery usually strike the eyeball with sufficient force to penetrate into the epithelial coating of the cornea, from which place they must be removed under cocaine by some sharp instrument. I have found the so called "scoops" that are sold for this purpose of but little use, and have employed instead a Bowman's stop-needle for their removal. A frequent accident of this kind arises from the explosion of powder during blasting operations and from Fourth of July celebrations. Those who have met with these cases can appreciate the difficulties of their correction. These soft particles become mixed with the lachrymal fluid, become pasty, and utterly refuse to yield to the gentle persuasion of the needle. My method has been to prick them and stir them up, and to wash them out by a thin stream of distilled water directed from the nozzle of a hypodermic syringe. This is most satisfactory, as it serves to remove the particle and frequently much of the staining substance at the same time.

If, perchance, the foreign substance has penetrated through the cornea into the anterior chamber of the eye while being held in position by the posterior layers of the cornea, it presents a delicate problem for the surgeon. Such cases should not be tampered with by "unskilled labor," but should receive a drop of cocaine, be bandaged so as to prevent further penetration of the substance by friction of the lid in winking, and then referred to an eye surgeon for manipulation. In the removal of such things it is best to pass a Von Graefe cataract knife through the cornea into the anterior chamber to support the particle from behind to prevent its falling into the chamber, and then to make effort at removal by fine forceps, or some suitable instrument, from in front.

Particles of lime, or such caustics, are best treated by a drop of sweet oil placed within the outer conjunctival sac. As you know, the caustic effects of lime are increased by lachrymation, and can only be arrested in their destructive process by some oily substance. Extensive burns of the cornea by this agent that threaten to cause perforation are very difficult to heal. Should the threatened perforation be centrally located in the cornea the pupil should be widely dilated by some mydriatic (atropia sul., two grains to the ounce of distilled water, preferred) so as to keep the edge of the pupil away from contact with the ragged edge of the wound in case of perforation; or, should the accident be located at the peripheral edge of the cornea, a drop of myotic (eserine sul., one grain to the ounce, preferred) should be instilled in order to contract the pupil, and to thus prevent this entanglement of the pupillary edge. In my experience deeper penetration of particles through the cornea, and into the iris, or crystalline lens, or vitreous, or

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inner layers of the fundus of the eye, or even through these into the orbit, are of rare occurrence. When the substance has become lodged in the iris, a removal of a small portion of the iris (iridectomy), including the particle, is indicated. Wounds of the crystalline lens from this cause always induce a morbid process that results in cataract. In young people this assumes the liquid, or soft cataract, form, while in elderly people it induces a combination of the soft and hard variety. As soon as this has become sufficiently turbid and dense the whole lens should be removed by the usual process of cataract extraction.

Particles that have penetrated deeper than these, into the vitreous, or find lodgment in the retina or the choroid, can be rarely removed with success. Bits of steel when arrested in the vitreous have been removed by the magnet, and the eyesight saved, but usually these cannot be located with sufficient accuracy, because of the turbid state of the lens brought about by its injury during the passage through it of the particle, and thus the impossibility of illuminating the fundus of the eye by the ophthalmoscope from in front. In these cases the new instrument, the *"eclairage de contact,"* that I procured in Paris this past summer, and that I had the honor to exhibit to the ophthalmological section of the Massachusetts Homœopathic Society at its last meeting, promises to be of much use. By its aid the interior of the eyeball can be illuminated by a ray of light sent directly through the sclerotic and the inner coatings, into the vitreous, forming, as it were, a search light, rendering it possible to observe the location of the particle through a widely dilated pupil, if the lens be not too dense. Yet, in spite of all this, the eye is often lost by suppuration, and the other eye endangered by sympathetic ophthalmitis, so that the general consensus of opinion now is that an injury of this kind should be at once followed by an enucleation, especially if the destructive process is extensive, with but little, if any, hope of restoration of vision. On the other hand, small particles within the eye have been known to become encysted and to cause no special trouble for years, if ever. I have a case of this kind in recollection:

A patient reported at the Homœopathic Hospital with the complaint that one eye had of late become somewhat inflamed. He had received an injury to it some years previously while chopping wood, by which his eyesight was lost. The wound healed kindly, and neither eye had since caused inconvenience by inflammation until this date. He complained of a pricking sensation under the upper lid, and, on everting it, I noticed on the upper surface of the sclerotic, near its equator, a small black point like a cinder. I grasped this by the forceps to lift

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it away from the eye, and, to my surprise, pulled out from the interior of the eye globe a long, jagged, splinter of iron or steel, one-half inch in length and about one mm. in width, that had evidently been broken off from the hatchet used in chopping the wood on that memorable occasion some years previous. The eye healed kindly, and I have never heard that the other eye sympathized in the least. One danger from foreign substances in the eye has always seemed to me to arise from the entrance of infectious material with the particle, and for this reason, if for no other, I am inclined to advise an early enucleation.

THE CONSERVATIVE SURGICAL TREATMENT OF CERTAIN FORMS OF CHRONIC HERNIÆ. [*WITH DISCUSSION.*]

BY F. W. ELLIOTT, M. D.

[*Read before the Massachusetts Surgical and Gynæcological Society, Dec. 11, 1895.*]

Perhaps no morbid condition is presented more frequently to the general surgeon or to the general practitioner than abdominal herniæ of the various types. The estimate of a prominent surgical authority, that at the present time in the United States 3,000,000 of people are afflicted with hernia, at first glance seems wide of the truth; but any physician who has been in active practice for more than a limited period, will from his personal observation be led to deem the statement less an exaggeration than these portentous figures would imply. Who in his private practice has not seen at least a score of cases of rupture, and how few older physicians have not seen many scores of such cases?

In olden times the cure in the male was made easy by the sacrifice of the testicle and became so popular that the royal veto was invoked lest the population should be decimated by castration. In modern times herniotomy has been regarded with little favor, until the advent of Listerism, it being justly held as involving a serious danger to life, and consequently mechanical means have been chiefly used as a palliative; trusses are to-day the leading treatment of hernia and doubtless will long continue to hold the chief place.

In the pre-aseptic period, an operation for rupture was a truly formidable procedure and rarely undertaken except as an extreme measure. The death rate was high. Czerny reported 32 cases with three deaths; Billroth, 134 cases with eight deaths, and other prominent surgeons a mortality ranging from five to fifteen per cent. With such an outlook, a patient naturally would suffer much and hesitate long before submitting to the knife.

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The immortal discovery of Lister of wound infection by external micro-organisms was epoch-making in surgery. It has well been said, in view of the results of operations for the past fifteen years, that surgical statistics would have to be rewritten. Surgical cleanliness, for in the last analysis that is what asepsis means, has revolutionized all abdominal operations, saving countless lives before doomed, and restoring to health and strength multitudes suffering from morbid conditions before deemed hopeless and incurable.

Statistics at hand show that by modern methods, in over 3,000 cases of hernia, the mortality is reduced to less than one per cent. Thus Halstead reports 82 cases; Kocher, 122 cases; Bull 69 cases, without a death, and with from 90 to 95 per cent of permanent cures. In careful and skilled hands few surgical operations to-day are safer than herniotomy. The inconvenience, the discomfort, and not infrequently the pain and danger, involved in truss wearing, are well known to every unfortunate victim of rupture. In childhood it is often impossible to adjust or keep in position a well fitting support. In adult life, the false sense of security often proves a treacherous refuge. A hernia that could have been treated with comparative safety and with excellent prospect of cure by an operation done at a time alike favorable to patient and convenient to surgeon, becomes strangulated. Efforts at reduction are unsuccessful. The patient's vitality is seriously impaired. An operation undertaken as a *dernier ressort* at an unfavorable time and amid unfavorable surroundings, results in death, swelling the terrible mortality of one of the most hopeless classes of diseases which seek for surgical relief. The old man scouts the idea of a surgical operation. His "rupture" has often come down and as often he has replaced it. It is the old story newly narrated. He sends for his family physician after vain domestic efforts to reduce the painful tumor; the doctor also fails, and another life is sacrificed. The opprobrium, at least, in the minds of the laity, is laid upon surgery.

An adequate statement of the true cause of the fatality would perhaps fairly be: First, neglect to summon the physician at once when it is found difficult to return the gut. Second, unwise, too forcible and too long continued taxis. "If not replaceable after five minutes' trial," says one high authority, "discontinue efforts at reduction." Third and chiefly, a deceptive sense of security in the mechanical support.

As illustrations of the principles above stated, a few typical cases are given.

Case 1.—Mr. M., retired tobacco merchant, age 76. Previous health good, except that he had an oblique inguinal

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hernia of many years' standing. The tumor was large and frequently slipped by the truss. His attention had often been called to the danger of his condition. He thought that the doctor was unduly alarmed, as he had never experienced much pain and the inconvenience had been slight. I was called on a Sunday afternoon at 4 o'clock. The swelling was large and intractable. After the various means of taxis had been employed, a consultation resulted in sending him to one of the large public hospitals, where an operation was performed at 4 o'clock Monday morning. Death at 6 o'clock.

Case 2.—Mr. S., milkman, age 26, muscular, of fine physique, in perfect health, while lifting heavy cans of milk was suddenly ruptured. Operation was performed by Dr. A. Boothby at his private hospital by the open MacEwen method. The convalescence was somewhat protracted, but the cure complete. The case has been under observation for several years. He is still employed in the same arduous occupation, but the hernia remains cured.

Case 3.—Capt. L., age 39, employed by the fire department. Double oblique inguinal hernia for eight years; cause, traumatism. Operation with the valuable assistance of Dr. L. A. Phillips at his private hospital. Halstead's modification of the method of Bassini was employed. The hernial sac was freely dissected, drawn down and cut off short, first having been united with a continuous mattress suture, the tension being sufficient to insure the return of the peritoneal surfaces within the abdominal cavity. The spermatic cord and vessels were transplanted at a point somewhat external to the internal ring where the muscles were "thick and firm and presented broad, raw surfaces for apposition." The superfluous veins were excised. The posterior surface of Poupart's ligament, and the conjoined tendon, were united by a running mattress suture, the more superficial aponeuroses and fasciæ by a running parallel suture. A continuous buried suture was used in uniting the skin by its deepest layers. The wound was dusted with iodoform and sealed with iodoform collodion strengthened by a few fibres of absorbent cotton. By this method no bandages or other dressings were necessary. There were no stitches to be removed; no silk or other foreign substances to act as irritants in the wound to be encapsulated or to be thrown off later by stitch abscesses, thus favoring a return of the hernia, and no drainage, as the structures were held in firm but gentle apposition. The convalescence was uneventful. He was discharged from the hospital in twenty-five days, the wound entirely healed. He was cautioned to avoid any strain, but in the excitement of a recent large fire, he rapidly ran up a ladder for three stories carrying several lengths of heavy

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hose, but happily without injury. There has been no recurrence of the hernia.

Case 4.—Mrs. B., age 46, two children, femoral hernia for twenty years, has always worn truss, gut often comes down and sometimes has trouble in replacing it. I was called urgently at 11.30 P. M. Found patient in great pain, restless, moaning constantly, bad facies, rapid, thready pulse, no vomiting. At 2.30 A. M. with usual aseptic precautions, operated, Drs. S. Calderwood and A. J. Nixon assisting. The tissues above the tumor by long continued pressure of the intestine had been so attenuated that only the skin and a thin fibrous layer covered the hernial protrusion. The stricture was quickly divided and the gut returned, though doubtfully, as it was highly congested and nearly black, but the critical condition of the patient justified no delay. A large omental mass was ligated by a double row of mattress sutures and amputated. The wound healed by first intention. Only liquid diet was allowed for two weeks. In three weeks she sat up and in five weeks resumed her household duties. There has been no recurrence.

Case 5.—Mr. W., age 45, right oblique inguinal hernia for twenty-five years, has always worn truss, rupture has never troubled him. On Saturday night the gut come down and could not be returned. He began to vomit at midnight and vomited incessantly until I was called at 4 P. M. the next day, i. e., for sixteen hours. Diagnosis, strangulated oblique inguinal hernia. Patient's condition very unfavorable, intense agonizing pain, pulse weak, thready, 130; face dusky. After examination of heart by Dr. S. Calderwood, it was evident that the case was *in extremis* and that an operation afforded the only hope. The patient begged to be relieved from his suffering. Operation at 6.30 P. M., Drs. S. H. Jackson, W. E. Barnes and Calderwood assisting. An extremely tough fibrous stricture was divided without difficulty, and the gut, very dark in color, returned. A large hydrocele was evacuated. The dark color of the blood and the very trifling hemorrhage from the superficial incision were regarded as ominous signs. Death supervened before the wound could be closed.

Bassini's remarkable success in the treatment of abdominal herniæ stamps his operation as easily the best yet devised; an opinion that is still further strengthened by the fact that this distinguished surgeon submits his theories to the test of actual experience before publishing his views.

Halstead's modification of this method appears to be a valuable addition, as it buttresses the internal opening of the inguinal canal, always a weak point in the abdominal parietes, with a firm wall of fibrous and muscular tissue.

For the method employed in approximating the surfaces and

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closing the wound, as well as for the invaluable kangaroo tendon suture, the profession is indebted to Dr. H. O. Marcy, who has the honor of first suggesting buried absorbable sutures, the great value of which is now generally admitted.

The use of a running parallel buried suture in uniting the skin seems worthy of remark. It is well known that stitch abscesses are largely caused by "the *micrococcus pyogenes albus* which is the normal habitant of the healthy skin," and a suture thus placed escapes the danger of infection. Another marked advantage is that all dressings and bandages are rendered unnecessary—a condition that any surgeon will appreciate who has had to deal especially with children, on whom it is absolutely impossible to keep such bandages and dressings aseptic and uncontaminated by urinary and alvine discharges.

The kangaroo tendon seems to furnish an ideal material for buried sutures; it is exceedingly strong, is easily sterilized, makes a reliable ligature, remains unabsorbed for from 120 to 150 days, and is gradually replaced by a proliferation of living cells, thus binding together firmly and strongly the cut surfaces without danger of strangulation or necrosis.

Catgut slips on tying; if not impossible at least is difficult of perfect sterilization, and therefore unreliable. It has also been shown histologically that firm fibrous union cannot be completed within the twenty days required for the absorption of catgut.

Silk as a rule is not absorbed, is encapsulated or too frequently gives rise to stitch abscesses, chronic fistulous openings which predispose to a recurrence of the rupture.

The statistics of strangulated hernia are startling and suggestive. I have collated from the recent voluminous literature of the subject 1,797 cases with 656 deaths, an average mortality of 36.4 per cent; this is the record of surgeons of highest skill and of international reputation. Modern surgery —or shall we say, the modern physician and diagnostician— stands appalled at this terrible indictment. The quaint statement of a surgeon of the last century is yet a true description; these cases are "dreadful in the doing and melancholy in the event."

To-day the surgeon does not delay until the ulcerating neoplasm upon the tongue involves the whole organ; until the suspicious nodule in the breast causes a "saddle-leather" state of the overlying skin, a retracted nipple, and breaks down into an unhealthy ulcer; or, if wise, until the appendix ruptures and becomes the source of a general suppurative peritonitis. An early operation in each case, as in hernia, is practically devoid of danger.

Doubtless the great army of the ruptured will continue the

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use of mechanical supports, and, beyond question in very many cases, wisely; yet in the light of modern surgical methods and operative results, the issue may be fairly raised, whether in the cases of many patients now doomed to the discomfort and danger of a truss life, an operation cannot be judiciously advised and successfully performed.

DISCUSSION.

Dr. A. Boothby was surprised that more cases are not recommended for operation. There are few operations, involving so great benefit to the patient, safer than herniotomy. If the patient's condition is favorable, and the surgeon has sufficient time for careful aseptic preparation, there is to-day no appreciable risk in opening the abdominal cavity. The danger is in delay rather than in operating, and if added to this, the inconvenience and discomfort of wearing a truss be considered, an operation in very many cases is plainly advisable. The expediency of operating on small children is not quite so well established, as the risk seems to be greater. As stated in the paper, permanent cures may be fairly expected in from ninety to ninety-five per cent of all cases. Far more deaths are due to neglected strangulated herniæ than from recourse to a surgical operation. He now uses only absorbable buried ligatures in these cases; is not familiar with kangaroo tendon, but has been successful with catgut for the buried sutures and silkworm gut for the skin and more superficial structures, the silkworm to be removed in about two weeks. He has seen cases which demonstrate the unwisdom of using silk for buried sutures, in one instance the silk ligature ulcerating out through the bladder. With reasonable aseptic precautions, herniotomy will show a very high per cent of permanent cures. If more cases of hernia were operated upon, it would be a decided advantage to the community.

Dr. H. Packard thought that statistics were misleading, because surgeons do not allow sufficient time to elapse between the operation and the report of the case, to make sure that there is no relapse. Trusses often cure cases of rupture, especially if the hernia be small and the truss applied early. He doubts if the longitudinal fibres of fibrous structures can be made to unite strongly and transeversely. In all cases of strangulated hernia, of incarcerated hernia, and in old large ruptures, where a truss is not well tolerated, an operation is indicated. Bassini's method, as stated, is one of the best now in use.

Dr. A. Boothby wished to emphasize the danger of an emergency operation when the knuckle of gut was strangulated and

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an incipient gangrenous condition had developed; in such neglected cases, unhappily too common, recovery was rare.

Dr. W. S. Smith stated that he had recently seen many herniotomies performed in the London hospitals, where the MacEwen operation and the kangaroo tendon suture were very generally employed.

Dr. J. K. Warren thought that in estimating the mortality from operations for hernia, strangulated cases should be made a class by themselves. The curing of a hernial protrusion is simply a problem in mechanics. It is the closing of an opening in the abdominal wall. Doubtless if applied early and the opening be a small one, a truss may in some cases be curative. The *rationale* of the cure in such cases seemed to be, that the pressure of the truss caused irritation followed by an adhesive inflammation, which was practically only another application of the old Hetonian method of cure by irritating injections. But if the truss does not help, and in his experience rarely had it been curative, it often may harm, enlarging the opening by the absorption following the pressure of the pad. His patients have been both young and old, the youngest two years, the oldest eighty-five. He considers the prognosis quite as favorable in children as in adults; with the former he prefers chloroform to ether. After freely dissecting the sac it is invaginated upon itself and firmly stitched with catgut sutures into the internal ring, thus strengthening the weak point in abdominal parietes by a wall of living tissue; the peritoneal cavity is not opened, and this possible source of infection is thus avoided; the wound is then closed by catgut sutures without drainage. An experience of several years with this method has given satisfactory results.

Dr. H. A. Whitmarsh had recently attended Kocher's clinic and witnessed his operation for hernia. It appealed to him as theoretically correct and the best that he saw when on the other side. Briefly described, the sac is freely dissected, seized by forceps introduced through the fascia opposite or external to the internal ring, drawn through the opening, twisted upon itself, and this cord is sutured in the line of the wound, forming a compact mass of well nourished tissue to reënforce the internal opening of the inguinal canal. He had used this method successfully in a number of cases, but a sufficient time had not elapsed to render a report upon them conclusive or valuable.

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

AN OLD-SCHOOL WRITER ON NEW-SCHOOL PRACTICE.

Two presidential addresses,* both delivered by the same physician, a man of honorable prominence in the allopathic profession, have lately appeared in book form. They are certain to command wide circulation, thoughtful reading and marked influence, not only among the members of the two large societies by whose president they were delivered (the Philadelphia County Medical Society, and the Medical Society of the State of Pennsylvania), but among the allopathic profession everywhere; not only because of the high standing of their author, but because their subject is one of perennial interest, and the fruitful seed of unending controversy. This subject is the relation of modern medicine — by which, as is of course understood, is meant "rational," or old school medicine — to homœopathy.

"The world do move," surely, when the relation of "modern medicine" to homœopathy is seen to be anything but that of a vengefully-wielded club to the head on which it descends. To crush out homœopathy by any means and at any cost — such has been the relation of modern medicine to homœopathy, since modern medicine was ancient of date. With other times there dawn, at last, other manners; the relation of modern medicine, at long last to its old-time foe, is beginning to be that of civility, of toleration, in a few rare and shining instances of an apparently entirely honest effort at comprehension. These efforts are not always judiciously directed; they do not invariably lead to happy results; but their mere existence, their honesty of purpose, are at least steps in the right direction, — steps toward the "liberty, equality, fraternity" which should obtain among educated and honest thinkers and workers of however widely differing shades of opinion.

Such honesty, clothed in very agreeable courtesy, and warmed with much pleasant humor, distinguishes Doctor Roberts' recent utterances. He approaches his theme in no warlike spirit, and from beginning to end we find phrases treating homœopathy

*Modern Medicine and Homœopathy. Two addresses by John B. Roberts, A. M., M. D., Philadelphia. The Edwards & Docker Co., 1895.

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with such "sweet reasonableness" as, we fear, will make not a few of his colleagues restive in their minds, and not a few of their professional ancestors restless in their graves. As thus:

"In the amenities of civilized society there exists no difference between us and our homœopathic neighbors. We meet each other in drawing-room, mart or amusement-hall, to find no difference in courtesy, refinement, or large-hearted charity. How often do we meet a homœopathic friend with the heartiest of hand-shakes, because we honor him as a man, and love him as a friend! Students (of both schools) are gentle or boorish, earnest or slothful, intelligent or dull, ignorant or wise, in about the same proportion. They study many of the same books, live in the same boarding-houses, have the same kind of pleasures and trials, and make much the same kind of doctors."

That such words should be uttered by an old-school physician, and listened to without opposition by old-school physicians, is indeed significant of the changing spirit of the age. It is needless to say that many of the old familiar cut-and-dried grievances against homœopathy are, by Doctor Roberts, for the millionth time or so brought to the fore. Of course our "sectarianism" is condemned and deplored, and the honesty of our purpose, because of our persistence in it, gravely brought into question. To prove his case Doctor Roberts, after the manner of our old-school friends *post hominum memoriam* too rarely goes to original sources, or to our best recognized authorities, though in justice to him, be it said, he has sometimes done both; but quotes often from extremists among our writers and practitioners; presenting their extravagant and scarcely accepted views as of equal weight with the writings of the founders of our school, and its best representatives. Nay, more! He so often misunderstands and misrepresents Hahnemann himself as to make it very doubtful whether he can have given the Organon that exhaustive and intelligent reading without which no writer has the slighest claim to set forth anything as advocated by Hahnemann. Much stated by Doctor Roberts, therefore, is so blurred and distorted as representing tenable facts that the reading of his addresses, in unquestioning acceptance of all therein set forth, were scarcely less prejudicial to homœopathy than the rabid wholesale attacks his views supersede. "The claim that Hahnemann first formally enunciated the doctrine that remedies should be studied by their administration to healthy persons seems to be untrue, as Haller preceded him in this assertion," says Doctor Roberts.

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By whom is such claim made? Assuredly not by Hahnemann; assuredly not by any intelligent follower of Hahnemann who has read in the Organon (84, ¶108) Hahnemann's just, clear, exact statement: "During the past twenty-five hundred years, as far as I know, not a single physician, *with the exception of the great and immortal Albrecht Von Haller*, has hit upon this method of proving (testing) drugs," etc.

No writer of Doctor Roberts' status and evident fairness of intention can afford to speak, as of a "claim" made by homœopathy itself, of what is but the ill-considered statement of some one of homœopathy's less enlightened supporters. Between the two a little conscientious painstaking would make it easy to discriminate; and to such painstaking any writer on homœopathy is in honor pledged. In point of fact, arrogation of originality or priority is of all things farthest from Hahnemann's thought, as witness, for single instance, note 40 of the Organon's Explanatory Notes, where we read: "The following quotations from authors, having a presentiment of homœopathy, are not brought forward for the purpose of proving the stability of this doctrine, sufficiently firm in itself, but they are introduced *to escape the accusation of having ignored these presentiments for the sake of the credit of securing the priority of the idea.*" (Here follows a list of references to authors and works.)

Again, "they seem to be using the name 'homœopathist' for the purpose of making the public believe that they are in some indefinite way different from all other physicians," says Doctor Roberts. Curious unintelligence, in a thinker else so intelligent! We claim to be "different from other physicians" in no "indefinite" but in an exceedingly definite, an entirely comprehensible, a most frankly and frequently defined way; namely, that we are *therapeutic specialists:* following, in an overwhelming per cent. of our cases, a rule of prescribing which reason defends as scientific and experience demonstrates to be efficacious. We claim absolute freedom to depart from this rule whenever, in rare instances, we feel it to be for the good of the patient to do so. Hahnemann is to us no Joss, to be blindly worshipped and obstinately defended, right or wrong. He is our leader and master,—a thinker vastly in advance of his time, but not necessarily, therefore, of all time; a theorist and experimenter with all of whose work science has not even yet come abreast, though she has passed not a few of his honestly-made mistakes. We have, as

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specialists, as good and defensible a right to a special name, and as little loss of dignity in maintaining it, as do any other specialists. So long as the old-school practitioner uses only rarely, — and, we regret to add, so much more rarely openly uses, — the law of similars in prescribing, while we employ it in the vast majority of our prescriptions made, we have a right to differentiate ourselves to the public who have learned of what efficacy is prescription after the law of similars. In this there is nothing "indefinite," nothing hidden, nothing of the charlatan, nothing that demands apology, nothing we are prepared to abandon. Until the old school holds the law of similars in as constant and practical respect as we, it can make no reasonable objection to our making known our attitude toward that law. It is to be hoped that writers of Doctor Roberts' honesty and intelligence will, in future writing, weigh these living facts at their worth, and cease to play the vampire in digging up dead issues.

EDITORIAL NOTES AND COMMENTS.

———:o:———

A SIDE-LIGHT ON SPECIALISM which emphasizes very originally and interestingly certain possible phases of its influence is thrown by a few paragraphs of Dr. Burney Yeo's paper in a recent issue of the *Nineteenth Century*, which he calls "Medicine and Society." In discussing the amazingly rapid growth of specialty work in medical practice, Dr. Yeo says:

"The recent tendency to extreme specialism in medicine, it must be admitted, tends to diminish the closeness of the association (between doctor and patient), and to lessen its interest." "There is no doubt of this," says the *Homœopathic Medical Review*, commenting on the matter. "When a patient requires a physician, although his or her malady may assume one prominent feature, the wise and skilful physician generally finds that the whole system is out of order. He takes a bird's-eye view of the whole case, noting the prominent malady and how it is affected by other parts, and in its turn affects the whole body. And by doing so he gets his patient well, and gains his or her confidence and trustful friendship. But nowadays so many people, following the recent fashion, go to one specialist for their liver, to another for their stomach, to a third for their cough, to a fourth for their nerves, to a fifth for some other organ or malady, and so on, till they cease to have any confidential knowledge of

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any one doctor, while the specialist looks at the patient through the smallest of colored spectacles. Dr. Yeo well says: 'I am convinced that this modern tendency to extreme specialization detracts from the wholesome and legitimate influence which the profession of medicine should exercise in society. Many members of our profession are getting looked upon as mere handicraftsmen, or as skilful merely in the manipulation of some special appliances, to be summoned when needed for the application of their special art, and to be dismissed and forgotton as soon as their special work is done.' Specialism is most useful when carried to a legitimate point, but a specialist in a very limited field is almost sure to become a narrow-minded man, seeing nothing but his own special organ, going for it, and forgetting that his organ is only one part of a complex body, in which the apostle tells us so truly that if one member suffers all the other members suffer with it.

"Especially is this extreme specialism to be deprecated in homœopathic practice, where, as Hahnemann taught us so wisely and observantly, one has, in order to get success, to 'cover the totality of the symptoms,'—that is, to observe the deviation from health in every organ in the body, and their correlation, and so to be enabled to select the right remedy. A so-called 'local' disease is rarely, if carefully observed, found to be purely local, and if treated as such, the treatment is one-sided, and hence often unsuccessful.

"Dr. Yeo thinks that, though specialism increases the income of a young man more quickly than it would otherwise grow, 'it tends to a lower standard of general attainment in what is regarded as the higher ranks of the profession; for a man of very limited ability can in time acquire a certain familiarity in the management of a single organ, and by merely identifying himself with that organ, and compiling some work — no matter how slender its merits — on its diseases, he becomes advertised as a skilful specialist and he acquires sufficient income.' He next 'begins to charge large fees, and society is made to know that even the possession of such small things as "adenoids" is a costly affliction.' Dr. Yeo states that society is beginning to resent this increased costliness of medical and surgical help, and is getting to look on the members of the medical profession as more mercenary and less disinterested than they were wont to be, and thus our social influence is diminished and the pleasantness of our relation to society, to some extent, lost."

Concerning which comment of our esteemed contemporary on Dr. Yeo's utterances, we can only quote Dr. Hale's immortal "Double," and say that "so much has been said, and so well said, that nothing need at present be added."

AN ELOQUENT PLEA FOR THE BACILLUS OF TUBERCULOSIS is found in the current issue of the *Dietetic and Hygienic Gazette.*

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It is from the pen of a layman, Mr. Lawrence Jewell, M. A., of Buffalo, New York; and a more curious yet logical bit of special pleading it has not lately been our luck to encounter. Mr. Jewell while not going so far as to advocate, so to speak, a hospitable attitude on the part of society and the medical profession toward the tubercle bacillus, yet urges a sort of armed neutrality, rather than a war of extermination, as the wise sociological policy. For, says our author, the tubercle bacillus, unlike most of its unpopular race, is a selective agent of rare discrimination, taking as its prey only those, who, speaking solely from the material standpoint and that of the common welfare, it is quite as well should be "conveyed" to other spheres. Continuing, Mr. Jewell says:

"It is an indisputable fact that, while pathogenic micro-organisms cause curious changes in the blood and the tissues, these changes are not, *as a general rule*, of a lasting character, since they pass away when nature, assisted by the physician, has effected a cure. The only remnant of the disease is, I believe, a temporary — perhaps, sometimes, a life-long — immunity against a future attack by the same species of microbe. This immunity is probably due to some alteration in the condition of the leucocytes. More than that cannot be said, in the face of the abandonment of Metschnikoff's theory of phagocytosis. But I confidently assert that the germ-plasm has not been influenced, and that there is nothing in the physiological condition of the child at any age to indicate whether its parents have had diphtheria, etc., etc., or not. To this rule there may be exceptions. The microbe of syphilis, for instance, may produce a change in the germ-plasm. I venture, however, to doubt it, because I suspect that the conveyance from parent to offspring of the micro-organisms themselves is the cause of all the known phenomena. Heredity, which I define as 'the transmission from parent to child of a physical characteristic,' is responsible for a great deal — for insanity, for example. But the transmission of pathogenic microbes by means of the ovum, or the placenta of the mother, or by the spermatozoon of the father, is quite another matter; it is not 'heredity,' but 'infection of the germ.' It is certain, then, that parents who have suffered from scarlet fever, or typhoid fever, or whooping-cough, and from many of the other known micro-organic disorders, will beget as healthy children as if these complaints had never troubled humanity. *Tuberculous persons, upon the other hand, almost invariably transmit to their children a predisposition toward tuberculosis.*"

His somewhat inhuman plea seems to be that, until consumptives can be pledged against the begetting or bearing of children,

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the sooner their malady conquers them the better for the race. He statistically proves that the apparent cure or marked betterment in health of the individual consumptive gives him or her no justification to marry; since the tendency to consumption is precisely as likely to re-appear in the descendants of the apparently cured consumptive as in those of the one whose malady is immediately operative. He further adds, with terribly convincing cogency:

"If there is one reason more than another why the best interests of the race forbid parentage upon the part of the tuberculous, it is the intimate connection between brain disorders and consumption. Consumption appears ten years earlier in life among idiotic children than among others; and the near relatives of families, in which are found idiotic children, are from eight to ten times more liable to consumption than are those not so affected. I have also noticed many cases of what I must call 'phthisical mania' amongst young people, both girls and boys, *who are not suffering from the complaint*, but who display the diathesis. I again refer to Maudsley's 'The Pathology of the Mind,' 3d edition, p. 477. 'It is acknowledged,' writes this great alienist, 'that phthisical insanity, so-called, may befall on persons of the phthisical diathesis who have no symptoms of local tubercular deposit.' These persons, I have found, are irritable, capricious, and show weakening of the intellect; some of them, indeed, are so erratic that one often doubts their ability to take care of themselves; and, while displaying an aversion to mental exertion, all of them at times give evidence of the possession of a more or less intelligence."

Not the tubercle bacillus, but the consumptive who values his personal happiness, or what he fancies such, above his duty to the race, Mr. Jewell holds up as the deadlier foe to society. Thus he concludes:

"That everything should be done for the comfort and the welfare of the unfortunate people who suffer from consumption or its diathesis is, of course, evident to every one. But we must educate them in such a manner that they will understand that parentage upon their part is unjust to the children as well as a serious detriment to the human family; and unless this doctrine can be instilled into the phthisical mind so that practical use is made of it, the community cannot afford to dispense with the services of the bacilli of tuberculosis. When man's forethought is utilized as a selective agent, then racial regeneration will be a certainty."

THE GROWING INFLUENCE AND SIGNIFICANCE OF WOMEN IN MEDICINE, is vividly, almost surprisingly instanced in an account

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of the Woman's Medical Club of Chicago recently published in a fashionable New York periodical. From the article in question we learn that in Chicago alone, city and suburbs, there are no fewer than two hundred and fifty women physicians and surgeons in good and honorable standing. The Woman's Medical Club is an enterprise of comparatively recent date, yet, under its able president, Dr. Gertrude Gail Wellington, it has already done no insignificant work along the lines of hygienic and municipal reform. It has succeeded in persuading the city council to build a hospital for small-pox patients, and has bestowed attention upon the disposal of garbage and the inspection of milk. The great aim in view of the club at present is the establishment of a free hospital where both women and men can receive a practical education in medicine.

If such numbers, unity of excellent purpose and commanding practical influence are possessed by the medical women of a single American city, what growth has not woman in medicine made since the day, easily within the memory of folk still alive and vigorous, when man's chivalrous guardianship of woman's delicacy, moved the male students of a famous medical college, acting with at least the tacit knowledge of their professors, to pursue down a crowded street with insulting cries, and missiles of sticks and mud, the few women who modestly and of sincere earnestness of purpose sought instruction within its gates!

SOCIETIES.

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MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The eighteenth annual meeting of the Massachusetts Surgical and Gynæcological Society was held at Bostonia Hall, 83 Newbury Street, Boston, Dec. 11, 1895. President H. A. Whitmarsh, M. D., in the chair.

Upon the recommendation of the executive committee the following physicians were unanimously elected to active membership: J. H. Payne, M. D., Boston; W. E. Barnes, M. D., Roxbury; J. T. Harris, M. D., Roxbury; H. A. Downs, M. D., Somerville; T. M. Strong, M. D., Boston; Robert Hall, M. D., Providence; and to honorary membership: W. B. Van Lennep, M. D., Philadelphia.

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The annual election resulted in the choice of the following board of officers: President, J. H. Sherman, M. D.; First Vice-President, Martha E. Mann, M. D.; Second Vice-President, N. R. Perkins, M. D.; Secretary, N. H. Houghton, M. D.; Treasurer, Grace E. Cross, M. D.

A committee of three, consisting of F. W. Halsey, M. D., L. A. Phillips, M. D., and H. Packard, M. D., were appointed "to examine the Constitution and By-Laws, with a view to recommending such changes as may be deemed desirable."

In the scientific session these papers were presented:

1. "Report on Progress in Gynæcology," by Dr. E. A. Thurber.
2. "Spinal Supports with Case," by Dr. G. H. Earl.
3. "The Conservative Surgical Treatment of Certain Forms of Chronic Herniæ," by Dr. F. W. Elliott.
4. "Recent Observations in European Hospitals," by Dr. W. S. Smith.
5. "The Art of Hypnotism and its Use as an Anæsthetic, with Demonstration," by Dr. James R. Cocke.
6. "Electrolysis in the Treatment of Malignant Growths," by Dr. F. C. Richardson.
7. "The Statistics and Prophylaxis of Malignant Growths," by Dr. James Krauss.

The last two papers read by title.

The report of "Progress in Gynæcology" was a plea for greater conservatism in the surgical treatment of pelvic disorders. Medical means should be given a thorough trial before resorting to a serious surgical operation. The writer had seen a very considerable number of cases, in which the ovaries had been sacrificed with no justification in the condition of the patient, either before or after the operation, for the mutilation. Not unfrequently ventral hernia is one of the untoward results, and for this reason as well as on account of its greater safety the vaginal route seems to be gaining favor in hysterectomy. In the discussion Dr. A. Boothby called attention to the fact that in certain cases the operation per vaginam was impracticable either because of adhesions, of the difficulty of applying a safe ligature when arteries had been cut, or on account of the size of the morbid growths. If three rows of aseptic sutures are applied, one to the peritoneum, one to the deeper fasciæ and one to the skin, there is very little danger of hernia, especially if absorbable sutures are employed. Good surgery means the use of the best judgmnt in advising an operation, and the highest skill and utmost care in performing it.

Dr. G. H. Earl showed a corset, made of strips of cartridge paper applied diagonally in superimposed layers. It is light,

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firm, inexpensive, can be made by any surgeon and has this important advantage,—it can be corrected at any time to meet the requirements of any particular case. A patient was shown wearing the corset, which had been a benefit in correcting a spinal curvature.

Dr. F. W. Elliott's paper* held that in many cases of chronic large herniæ, the discomfort, inconvenience and danger of truss life justified the serious consideration of surgical means of relief, citing cases to illustrate the proposition.

Dr. James R. Cocke demonstrated the use of hypnotism as an anæsthetic agent, first upon one of his own patients, and then, to convince the skeptical, upon a member of the society who kindly volunteered to be subjected to a trial of this new anæsthetic agent. Loss of sensation occurred in both cases, so that a sharp instrument pressed into the anæsthetized area, the forehead, produced no pain. The doctor-patient who was hypnotized, described the gradual loss of volition, the sense of numbness slowly creeping up the extremities, until complete insensibility ensued, as resembling the stages of ether anæsthesia. Hypnotism is nothing mysterious or occult. It is simply causing, by suggestion, one part of the nerve centres to act independently of the rest. It will not take the place either of ether or chloroform. When skilfully used, it is absolutely free from danger. Any person can hypnotize or be hypnotized. At times certain subjects can hypnotize themselves. It would be an advantage to the surgeon to avail himself of hypnotism, as by the judicious use of this safe, inexpensive and convenient anæsthetic he could dispense with ether and chloroform in certain minor operations, such as lavage of the bladder in a patient suffering from an irritable bladder, or a painful cystitis, and in the treatment of painful joints or of painful sores and ulcers. The address and demonstrations awakened a lively interest and were most suggestive and valuable.

Dr. H. P. Bellows made some remarks upon European Hospitals recently visited. One of the best operating rooms was provided with walls and floors of bits of marble mixed with an adamantine cement, with all corners rounded to admit of easy and complete flushing. Iron and glass instrument cases had proven a failure. They retained the deposited moisture and caused instruments to rust. Wood and glass cases were free from this objection. Buried silk sutures, cut short and allowed to fall back into the wound, were very generally employed, as was the Schimmelbusch 1% soda solution in the sterilization of instruments.

Collation at 6 P. M. Adjourned at 9 P. M.

FREDERICK W. ELLIOTT, M. D., *Secretary.*

* For this paper and discussion, see page 28 of this number.— *Editor.*

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RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

The anniversary dinner of the Rhode Island Homœopathic Medical Society was held at the Narragansett Hotel, Providence, on Friday evening, January the 10th. Previous to the dinner there was a reception of delegates and guests in the hotel parlors. The following officers were elected: President, Dr. T. H. Shipman, of Providence; Vice-President, D. Sayer Hasbrouck, of Providence; Secretary, Dr. John H. Bennett, of Pawtucket; Treasurer, Dr. L. T. Lippitt, of Johnston; Board of Censors, Drs. Whitmarsh, Barnard and Matthews.

Dr. Sayer Hasbrouck, of Providence, was the toastmaster of the evening, and introduced the various speakers who were to respond to toasts. He first introduced the retiring President, Dr. Robert G. Reed, who delivered the annual address, from which we quote:

"Ours is a profession than which there is no nobler, and one that is more or less subject to public opinion. We enter the profession with a sense of knowledge and power. Do we enter it to help others, to preserve the honor and dignity of the profession and to conduct ourselves in a charitable, moral and conscientious manner? It is men and women of this stamp and type that the profession needs, and I believe that the larger percentage are of that class. Yet, having entered the medical profession, we must not lose sight of the fact that we are still simply men and women, liable as all to be fallible. Knowledge and perfect wisdom are unattainable. Therefore, recognizing the fact of our position as men and women, I would say with Rousseau that our common vocation is the profession of humanity, and whoever is well educated to discharge the duty of a man cannot be badly prepared to fill up any one of the offices that have a relation to him."

"The Bay State" was responded to by Frank C. Richardson, M. D., of Boston. He brought greetings from the sister society of Massachusetts, in whose opinion no society stands higher than that of Rhode Island.

Dr. Richardson said that the society could not be too careful whom it admits into its ranks. Quality, not quantity, is what is needed. It should also give its attention to the oversight of the public health. He said that these bodies too often became mutual admiration societies, the members reading papers to others , and having in turn to listen. The questions which should be discussed are those of public interest, of public health.

"Our Neighbor," the next toast, referred to the Worcester County Homœopathic Society, which was represented by J. P. Rand, M. D. A collection of funny stories composed Dr. Rand's offering. Dr. Rand brought cordial greeting from his society. In conclusion he read a poem, "To a Microbe."

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Letters of regret were received from Governor Lippitt, William von Gottschalk, M. D., mayor of Central Falls, Prof. J. Heber Smith, M. D., of Boston; Dr. J. W. Dowling, of New York.

J. H. BENNETT, M. D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

DELICATE, BACKWARD, PUNY AND STUNTED CHILDREN. By J. Compton Burnett, M. D. Pp. 164. Philadelphia: Boericke & Tafel. 1896.

Dr. Burnett is that "white black-bird," — a physician of originality. Physicians are many who take ideas out of books; those who put ideas into books are so much rarer that one is fain to greet them and their ideas with sincere and enthusiastic gratitude. One may not always agree with Dr. Burnett; one may even look askance at the miracle-working powers of *psorinum* 30. But these are slight matters weighed against the fact that Dr. Burnett sets one thinking along somewhat unfamiliar lines, and suggests hopeful possibilities of action in directions where one has been wont to remain merely and none too hopefully "expectant." Such an excellent influence is exerted by the present little work. The thesis is that the many children encountered by every physician in family practice who are to be described as "delicate, backward, peculiar, odd, stunted, puny or the like," are probably suffering from some form of arrested development; and that if instead of being merely advised into hygienic surroundings and "left to nature," each is carefully and individually studied, and cautiously and experimentally treated, — Dr. Burnett lays much stress here on the properly selected homœopathic remedy. The pent-up, but rarely weakly and altogether lacking, "developmental power" inherent in the child of arrested growth in any given direction, will be liberated, and the child rise to the normal standard. "The *power to grow* is present all the time," says our author, "but is, so to speak, locked up, much as we may suppose is the case with people's wisdom-teeth, which come at such different ages that it is impossible to say when they are really due." In support of his idea, Dr. Burnett cites a series of remarkable and interesting cases from his own clinical experience, in which stammering, incontinence of urine, intellectual dullness, one-sided growth of teeth, beard and the like, delayed puberty, habitual sullenness, and many like conditions of arrested development have been practically done away with under judicious medical care.

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MANUAL OF THE ESSENTIALS OF THE DISEASES OF THE EYE AND EAR. By J. H. Buffum, M. D. Pp. 315. Chicago: Gross & Delbridge. 1896.

Dr. Buffum has here collected, in a somewhat amplified form, notes of which he, as professor, has made use in his classes. The result is a practical little volume, compiled on the "quiz" plan, whose questions and answers well cover the field of the "essential diagnostic and therapeutic points of the various diseases of the eye." The medicinal treatment taught is, of course, homœopathic. The little work is issued in convenient and ornamental shape and will prove useful alike to the student formulating his newly-acquired knowledge to meet the demands of his examiner, and to physicians desiring prompt, condensed and accurate information on any point in the book's chosen sphere.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY: Fifty-First Session. 1895. Pp. 1208. Edited by Eugene H. Porter, M. A., M. D., General Secretary. Philadelphia.

The labor, long-continued and painstaking, put forth by the able secretary of the Institute, in order that its transactions for '95 might appear so promptly, and in such entirely creditable shape, well typifies the labors of its members that the session recorded might be fruitful in valuable contributions to science. The papers presented cover as wide a field as do the interests of the homœopathic practitioner; and to carefully read them is to have the thought quickened by ingenious theories, and individual experience enriched from the stores of the experience of fellow-workers. One of the most memorable of the papers, not only in itself but in the discussion it aroused, is that of Dr. Sarah J. Millsop of Kentucky, on "Diseases of Women, Cured without the Knife." Dr. Talcott's remarks on "Degeneration and Regeneration," form a valuable corollary to the teachings of Nordau, which just now are commanding so wide and interested an audience.

TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY, at its Twenty-ninth Annual Meeting, June, 1895.

No other evidence can be needed that our brethren of the Pine-Tree State are exceedingly and profitably wide-awake, than is found in the reading of this interesting little pamphlet, chronicling their sayings and doings at the last meeting of their flourishing State Society. The papers read are constructed on Mr. Weller's "genteel principle" of the brevity that makes one "vish there vos more" of them. More than one is of marked practical value, and deserving of a very wide reading: notably "Fagopyrum: A Neglected Remedy," by Dr. D. C. Perkins, of Rockland; and "An Accidental Proving of Nitrate of Sanguinaria," by Dr. J. G. T. Emery, of South Waterboro.

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SURGICAL PATHOLOGY AND THERAPEUTICS. By John Collins Warren, M. D. Pp. 832. Philadelphia: W. B. Saunders.

"The scientific portion of a surgeon's education," says Dr. Warren in his brief and cogently written preface, "was formerly regarded as something apart and ornamental; but it has now become an eminently practical feature of the student's curriculum."

It is with this scientific portion of the education of the student in surgery, — in which class every surgeon, of whatever standing, who possesses the modesty that mates high attainments, will certainly rank himself! — that Dr. Warren's exhaustive and scholarly work deals. It is above all things up to date, familiarizing its readers not only with what in the vast domain of bacteriology are accepted facts, but with the newest theories that have found lodgment there, as witness the sections on Blood-Serum Therapy in Rabies; So-Called Parasites of Cancer; Methods of Preparing Erysipelas Toxine; and the like. The chapters on Bacteriology and Surgical Bacteria are models of their kind, so thoroughly do they cover the involved and difficult detail of their important subjects. The many illustrations of the work are largely from original drawings.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY. Edited by Geo. M. Gould, M. D. Pp. 1183. Philadelphia: W. B. Saunders. 1896.

Noted specialists in medicine and surgery fill the pages of this very substantial volume with brief articles, whose object is to bring the reader thoroughly *au courant* with the advances made in every department of medicine and surgery, in the year just ended. That these advances have been neither few nor insignificant, nearly twelve hundred interesting pages bear convincing witness. Dr. Pepper, for example, writes on the progress of general medicine; Drs. Starr and Westcott on Pediatrics; Dr. Bennett on Otology; Drs. Keen and Da Costa on Surgery; and so on down a brilliant list. No physician can, unaided, keep abreast of a single year's developments in his noble art; and to such comprehensive, thoughtful and accurate notes as this fine year-book, the debt of the progressive and intelligent physician is great.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. Edited by John Ashhurst, Jr., M. D., LL. D. Pp. 1082. Seventh (Supplementary) Volume. New York: Wm. Wood & Co.

By such impressive facts as the necessity for the issuing, after the lapse of but seven years, a supplementary volume to Dr. Ashhurst's exhaustive and epoch-making "Cyclopedia of Surgery," to bring that work abreast of modern surgical progress, we are made to realize how phenomenal that progress has been. No department of surgery but has, in the authorita-

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tive speech of some former exponent of its claims, a new, and in the main, an encouraging word to say. Among such contributions are papers by such eminent writers and workers as Drs. Harold Ernst, Theophilus Parvin, Chas. B. Penrose, Maurice H. Richardson and John A. Wyeth. More than a hundred pages are needed to chronicle the advance in knowledge on the subject of tumors alone. The illustrations, many of which are in color, are exceedingly well executed. No one possessing the Cyclopedia can permit himself to be without this, its invaluable supplement; and standing by itself, it proves no insignificant treatise on modern surgery.

Two articles by Herbert Spencer will appear in the *Popular Science Monthly* for February. One is devoted to the Sculptor, in Mr. Spencer's series on Professional Institutions; the other is a reply to the Marquis of Salisbury's criticism of the doctrine of evolution in his inaugural address as President of the British Association for the Advancement of Science. To the same issue Prof. W. K. Brooks will contribute the first part of a review of the writings of Francis Galton, under the title "The Study of Inheritance." Prof. Brooks takes issue with Mr. Galton in regard to the preservation of types and certain other matters. New York: D. Appleton & Co.

P. Blakiston, Son & Co., of Philadelphia, announce a book on "Appendicitis," by John B. Deaver, M. D., Assistant Professor of Applied Anatomy, University of Pennsylvania; Assistant Surgeon to the German Hospital, etc. The book will be arranged in a practical and systematic manner. The History, Etiology, Symptoms, Diagnosis, Operative Treatment, Prognosis, and Complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating, and typical pathological conditions of the Appendix, the latter being printed in colors.

The complete novel in the January issue of *Lippincott's Magazine* is by Mrs. Alexander. "Mrs. Crichton's Creditor" is its title. "Architecture in America: a Forecast," by John Stewardson, is the first of a series of papers on a subject which now holds a prominent place in public interest. "The Moonshiner of Fact," as delineated by Francis Lynde, who here speaks from observation rather than imagination, differs materially from the moonshiner of romance. David Bruce Fitzgerald describes a night "With the Ducking Police." Philadelphia: J. P. Lippincott Co.

MISCELLANY.

—:o:—

THE SOURCE OF DANGER. — *Doctor.* — You mustn't stay out late at night.

Patient (a married man). — Is the night air bad for me?

Doctor. — No; it's the excitement after getting home that hurts you. — *Medical Bulletin.*

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Young Wife.—Oh, mamma, put my curling tongs on the fire, quick! Charlie has been bitten by a mad dog!

Mother.—Are you going to cauterize the wound?

Young Wife.—No; I want to curl my bangs so I can run for the doctor. Hurry up!—*Rolling Stone.*

THE Cross of the Legion of Honor is to be conferred upon Professors Behring, of Halle, and Löffler, of Griefswald, in recognition of their services in serum therapy. This is largely due to the action of Dr. Roux, who refused decoration unless the two German professors were also recognized.—*Chicago Medical Recorder.*

TO restore hardened rubber goods, all that is necessary is to soak them in a mixture of one part of ammonia with two parts of water. This does not injure the rubber in any way, and restores the elasticity. Usually, soaking from ten minutes to half an hour is quite sufficient. After drying, the whiteness may be restored by dusting well with chalk of kaolin.—*Canada Lancet.*

A CORRESPONDENT sends the following story, for the truth of which he vouches, concerning a man and woman who were horribly seasick crossing the English Channel. The stewardess found them sitting together on the deck, the woman leaning back with closed eyes, and the man's head resting on her shoulder. "Your husband seems to feel even worse than you do," said the stewardess, sympathetically. The sick woman opened her eyes and glanced at her fellow-sufferer with a sort of despairing indifference. Then she gasped, as she closed her eyes wearily again, "He's not my husband; I'm sure I don't know who he is."—*The Sanitarian.*

A Friend.—"If you love her, old fellow, why don't you marry her?"

Bachelor Doctor.—"Marry her? Why, she is one of my best patients."—*Ex.*

"I don't see your husband with you so much as when you were on your honeymoon," said the clergyman, as he met an occasional attendant at his church. 'Has he grown cool?" "Not if what you preach be true," she said, coyly. "He is dead."—*Med. Argus.*

"No!" exclaimed the fox, loftily, "I don't care for the grapes at all. Appendicitis? Not on your life!"—*Detroit Tribune.*

PERSONAL AND NEWS ITEMS.

—:o:—

DR. C. P. HOLDEN has removed from Windsor, Vermont, to 114 West Emerson St., Melrose, Mass.

DR. B. A. SAWTELLE, formerly of Enfield, Mass., has located at Holliston, Mass.

DR. GEORGE A. SLOCUMB has removed to 804 Main St., Worcester, Mass., although still retaining a branch office at the former location in Millbury, Mass.

DR. LEVI T. HAYWARD has removed from 586 Tremont St., to 469 Columbus Av., Boston.

DR. BENJ. S. STEPHENSON, class of '92 B. U. S. of M., has removed from Littleton Common to 49 Kirk St., Lowell, Mass.

DR. W. H. W. HINDS, JR., class of '95 B. U. S. of M., has located at Wilton, New Hampshire.

DR. LINCOLN A. STEWART, class of '95 B. U. S. of M., has located at Brooksville, Maine.

FOR SALE.—A $6000 practice in a town twenty-one miles from Boston. For particulars address Box 102, West Medway, Mass.

ERRATUM: In the December *Gazette*, page 287, third line from the bottom, instead of "anus" should be read "arm."

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UNCONTROLLABLE VOMITING OF PREGNANCY. — Benefin (*British Medical Journal*) has successfully treated uncontrollable vomiting in pregnancy by faradization of the vagi before or after meals.

THERE will be held at Washington, D. C., on February 10, 1896, a competitive examination of candidates for appointment to the position of Assistant Surgeon in the United States Marine Hospital Service.

SOME of the sailors on the warship Chicago have symptoms of typhoid fever. Is it possible that the plumbing on the cruiser is bad and that the drainage of the Atlantic Ocean is deficient? — *Cincinnati Med. Jour.*

MR. HACKING KOFF — "Doctor, didn't you make a mistake in going into medicine instead of the army?" Dr. Eagle — "Why?" Mr. Koff — "By the way you charge your friends, there wouldn't be much left of an enemy." — *Wasp.*

A TEST FOR INCIPIENT DIABETES. — Prof. V. Noorden gives 100 grains of grape sugar, which, in the normal subject, has no effect, but in the incipient diabetic produces glycosuria. If this prove correct, it will be most useful in gaining for the diabetic the earliest possible treatment.— *Medical Record.*

A LIVE, energetic physician, who is a college graduate (Ph. B.) and a graduate of Hahnemann Medical College of Philadelphia, with sixteen years' practical experience, desires to associate himself with a physician in Boston or New York with an established business. Am an all-round man, of genial disposition, and have made friends readily in the past; have done general practice in medicine and general special work in surgery, including mill and railway work, and eye, ear, throat and nose work. Thirty-nine years of age and married. Address "Physician," care Mr. C. O. Goss, 108 Dearborn St., Chicago, Ill.

THE CAUSES OF DEATH. — According to the census of 1890, of every 10,000 deaths in the United States 1 will be from calculus, 35 due to Bright's disease, 40 to fevers other than typhoid, 59 to rheumatism, 70 to scrofula, 130 to cancer, 140 to apoplexy, 148 to whooping-cough, 160 to dysentery, 190 to meningitis, 220 to scarlatina, 246 to ague, 250 to convulsions, 310 to typhoid fever, 350 to heart trouble, 480 to diphtheria, 880 to diarrhœa, and 1,420 to phthisis. Of this number 2,210 are from typhoid, diphtheria, and phthisis, all of which are preventable, and if we take in whooping-cough, dysentery, scarlet fever, and diarrhœa, we shall have more than one-third of all deaths at the present time from preventable causes. — *Annals of Hygiene.*

INSURANCE THAT DOES NOT INSURE. During the last two or three years one or more accident insurance companies have been canvassing the medical profession for insurance risks and offering, as a special inducement, insurance against sepsis from poisoned wounds. If, however, the policy be carefully read, it will be discovered that with them it is "heads I win, tails you lose," about every time. To obtain damages the disability must be "complete and continuous." They rule that, for a physician, a single visit made, or a single office or even chamber prescription invalidates the claim, however serious the injury. Read your accident policies carefully, gentlemen physicians!

DR. BUSHROD W. JAMES, president of the Hahnemann Club of Philadelphia, Pa., suggests to the American homœopathic profession the proper celebration of Hahnemann's birthday, Friday, April tenth, this year, by both the profession and the laity in general assemblage in every city and town of this country, where homœopathy has a footing. It is the Hahnemann year and should be greatly honored by all true adherents. He further suggests that on that day a special effort be made to obtain subscriptions to complete the statue to Dr. Samuel Hahnemann, and that collections be made on this occasion by all to obtain the balance of the fund needed. Let every local society in the country take action and do its utmost duty in this regard.

THE BLOOMER LEG, AND THE KNEE PLUS ULTRA. — The leg, in common with all parts of the human form, is constructed upon certain slow, or gradual curves of beauty. If, by means of clothing or drapery, more than two-thirds of any given curve is hidden, the whole effect of the said curve of beauty is lost or destroyed. You have only to look at the recent style in dresses to see a proof of

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this. They expose the neck from its root up, and they detract from the beauty of every woman who wears them. The reason is because that majestic curve by which the neck is based upon the trunk is shown just sufficiently to ruin its beauty. If you show so much, you must show more. It is the same with the leg, an exposé from the foot up to anywhere below the knee, destroys all its beauty and grace.— *Medical Visitor.*

The *Medical News* is authority for the statement that a large retail shop in Baltimore sells tickets at 29 cents, each ticket entitling the holder to free medical service of "one of Baltimore's prominent doctors, a graduate of the Maryland University, who has practiced among you for 11 years," etc. "He will accept our tickets for a visit any time you see fit to call him, day or night. We shall sell these tickets for 29 cents each. When the doctor calls, all you have to pay is the ticket you bought of us for 29 cents. These tickets are good for one year, and you can get as many as you wish to-day for 29 cents, and the doctor will accept one ticket for each visit. It makes no matter what we pay the doctor; you only pay 29 cents for a visit."— *Maryland Medical Journal.*

A NEW OPERATION FOR VARICOCELE. — Brault (*Lyon Méd.*) describes a new operation for severe cases of varicocele, which he has frequently practised on the cadaver and applied with success to two living subjects. This method consists in removing a large elliptical portion of skin from the external and posterior surfaces of the affected side of the scrotum. After this flap, the extremities of which are directed upwards and downwards, has been dissected away, the enlarged veins are exposed, and resected separately between the ligatures. The large and gaping wound is finally closed by bringing the lower to the upper angle of the ellipse, and by stitching together the apposed margins of skin. This operation may be performed rapidly, and without much hæmorrhage, and is in many respects superior to that in which a portion of the scrotum is removed by a transverse wound. — *British Medical Journal.*

HOMŒOPATHY: A SPECIALTY IN THERAPEUTICS. One who has for twenty years emphasized the relation of homœopathy as being that of a special method among other therapeutic methods is at length relieved in his rather solitary position to find another to stand by his side, as Dr. William Boericke has recently done in his article "Homœopathy: a Specialty in Therapeutics," reprinted from the *Pacific Coast Journal of Homœopathy* of December. As Dr. Boericke takes great interest in the relation of homœopathy to other therapeutic methods, he may find additional support in the perusal of more or less exhaustive articles on the same topic as follows: — *The British Journal* of Jan. 1, 1876, — "Homœopathy; its name in relation to medicine"; "A lecture on Homœopathy" before the *Boylston Medical Society* (Harvard), 1886, p. 17; "Relation of Antagonistic Parties in Medical Practice," *New England Medical Gazette*, April, 1888, p. 161; "The Reason for our being Homœopaths," *New England Medical Gazette*, January, 1891, pp. 43–44.—*Conrad Wesselhoeft, M. D.*

THE HAHNEMANN CLUB of Philadelphia, Pa., one of the oldest of these local organizations, in the country, gave a free course of lectures last winter to the homœopathic medical profession of that city. This winter it has taken up a line of important questions for debate. At the meeting at Dr. Pemberton Dudley's it discussed the various "Hindrances to the Progress of Homœopathy." At the entertainment of Dr. Bushrod W. James', it debated the "Present Dangers to Homœopathy," which continued at the meeting held at the residence of Dr. John E. James. At the last meeting at Dr. Aug. Korndœrfer's it took up the discussion of Hahnemann's rules for investigating the curative properties of drugs.

The following questions have not yet been debated: — What do you understand by the term "pura" as applied to our drug provings and what means would you suggest as efficient safeguards against the introduction of heterogeneous symptoms in the prover's records? The value of the so-called idiosyncrasies manifested in drug action upon given individuals as guiding symptoms to the selection of the homœopathic remedy for a given case of disease. The Club proposes to celebrate the birthday of Hahnemann on April tenth, by a general meeting of homœopaths in Philadelphia.

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COMMUNICATIONS.

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THE CLINICAL TEST OF CURE AND RECOVERY.

BY WALTER WESSELHOEFT, M. D., CAMBRIDGE, MASS.

[*Read before the Hughes Medical Club.*]

"Who shall decide when doctors disagree?"

It is my privilege to speak to you to-night on a subject so ill-timed, so impracticable, so at variance with your accustomed thought and your sense of obligation to both your profession and your patients, that I shall dishearten you, in the outset, by the mere mention of it. I have approached it from time to time, tentatively, both in public and private, but without producing, except in rare instances, the faintest reaction among my hearers; and even now I hardly know why it is that I am addressing you, unless you have been betrayed into listening to me. But the subject *must* be brought forward.

Whether we look back through the history of therapeutics, over the clinical work of the present, private or hospital, or project our minds into the future, we cannot fail to see that the crying need, everywhere, is some approximately certain clinical test. Many reasons, more or less valid, have obscured this vital issue and prevented its becoming the most burning of all medical questions,—reasons which will probably be always operative; but the demand will never cease for some standard, some compass, by which we can safely steer between those twin curses of medicine, credulity and skepticism. We must begin to cast about us for some safeguard against the most flagrant errors—some criterion by which to estimate more justly than is possible to-day the conflicting claims of schools and the merits of old methods and new. The doubts that confront us always, the manifold problems raised everywhere, at the bedside, and in all attempts at scientific and practical teaching, the clashing of opinions, the futility of all legislative

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attempts to regulate medical practice, cry out incessantly for efforts on the part of the entire profession to reach some *modus vivendi* with this most perplexing of all questions.

The century is drawing to a close with all its genuine advance in medical knowledge and skill; its emancipation from old ways, and its discoveries of new facts and principles; yet are we no nearer to that sober judgment, or judicial differentiation between the effects of therapeutic measures and those of the healing power of nature, than were the physicians of the Golden Age of Greece, 2,600 years ago. Is this a declaration too sweeping? Read the annual addresses before the foremost medical bodies in this country and in Europe; scan their transactions; note the irreconcilable difference of opinion and practice, everywhere. Do they afford a single stable and well-defined grain of comfort to soothe our doubts or point out a path to lead us from that heavy and paralyzing ignorance which frustrates the best efforts of the honest, the laborious, the wise, and serves as the rarest culture-medium for error and pretension? I speak of the whole profession, not alone of our own school, and in so doing most cheerfully admit that the labors performed everywhere, with so much self-sacrifice, ingenuity, discernment and indomitable industry are leading the medical world forward, ourselves as well as our opponents. But as yet there is not in sight even a faint sign of a demonstrable means of escaping from the individual beliefs and convictions which virtually constitute our professional consciences. Repeated efforts have been made to bring order out of chaos, especially during the second quarter of this century. The empirical method of Pinel, the numerical method of Louis, the expectative method of Dietl—all having their origin directly in the impetus given to medical inquiry by homœopathy—were of this kind. They were well-meant, but feeble and ineffectual attempts at reaching some means of estimating the value of opposing therapeutic claims. But all either lost themselves in the dry sand of unsupported theory and unverifiable statistics or were deflected from their course by adhering to the blind belief in traditional therapeutics.

During the latter half of the century few attempts have been made towards a critical sifting of results at the bedside. A new spirit has been abroad. The impulse given by homœopathy to new directions of thought and inquiry gradually expended itself, mainly by reason of its refusal to adapt itself to the requirements of the new movement resting upon exact research and inductive reasoning. The profession at large has been too much occupied with work in other directions: the perfection of physical diagnosis, of pathology and physiology, histology, bacteriology, etc., etc., and in the department of therapeutics,

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of sanitary science, hygiene, climatology, electro-therapeutics, pharmacology and new remedies, such as coal-tar derivatives, and others, to find time or inclination for seeking methods to test results, or for comparing the curative effects of the new measures with those of the old ones. The years have passed with all their evolution of thought and method; yet the death rate remains but little changed save by the genuine advance in sanitary science and the partial abandonment of the old destructive practices.

So far as the results of serum-therapy are concerned, I do not shut my eyes to their published statistics, and feel that we should heartily welcome the new light and the new direction in which therapeutic investigation has so strongly set. But the case is far from being closed as yet, and far too much of all the testimony adduced is absolutely vitiated by the absence of any rule for the accumulation of trustworthy therapeutic evidence. Let us hold our judgment suspended. The fact is growing daily more apparent that, while vast changes have been wrought in medical science in general, innumerable facts piled up mountain high, new laws discovered, new light shed in a hundred dark places, the medical mind has not grown clearer in its perceptions at the bedside or more discriminating in its judgment in regard to cure and recovery. Everywhere the some old routine, the same resting on authority or plausible theory, the same wild and blind enthusiasm aroused by new discoveries or the pursuit of a new science from which all therapeutics is to be regenerated. Fifty years ago it was chemistry that was to give us sure remedies; forty years ago, pathology and diagnosis; thirty years ago, physiology; twenty years ago, surgery; ten years ago, antisepsis, and now bacteriology. For my part, I am surprised and confounded in looking over the recent literature pertaining to the perfection of therapeutics to find how vague, how speculative, how uncritical or absurdly idealistic are the propositions of the foremost minds in the profession when dealing with the subject of therapeutic reform and progress. In France, the pathological school still appears to have full sway. There, in so far as they are not steeped to the eyes in serum-therapy and bacteriology, they hope for the perfection of therapeutics from diagnosis. When the advances in physical diagnosis, microscopy and chemistry shall have determined the nature of all pathological changes and processes, the cure *must* follow as a matter of course. In England, Macormac declares that medicine must be reduced to the investigation of the causes of diseases. When we shall be able to remove these, we shall have the key to all cures. In Germany, Virchow has declared again, as he did in his earlier work on Cellular Pathology, that the hope of

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medicine rests solely upon its expansion into anthropology. When we shall know *all about* the human organism, all diseases may be prevented and cured. While Sonderegger in Switzerland, in his essays called "Outposts of the Therapeutics of the Future," declares the physician's power to lie mainly in his sympathy with and unwearying kindness to his patients—in other words, in psychical influences arising mainly from his own character and enlightened insight into the depths of human nature. In this country there appears to be a mixture of all these fine theories, though with a stronger infusion of common sense than is admitted to the councils of transatlantic doctors when in their most reflective and prophetic moods.

What does all this mean but idle talk and a helpless sinking back into the old routine with its blind and credulous acceptance of unproved assertion on the one hand, and, on the other, with its equally blind, skeptical rejection of every independent observation and every attempt at original thought and inquiry. I ask you to look about you with open eyes and minds quickened by a sense of your powerlessness. What do you see outside of sanitary science, surgery,—in its widest sense, including obstetrics, etc,—hydro-therapeutics, electricity and all non-medicinal proceedings, that differs in principle, or in the certainty of application of remedial measures, from the therapeutic armamentarium of a century ago? Look at the journals, weekly, monthly, quarterly, to which we all turn eagerly and hopefully for a new light. They are full of interest, full of suggestion, aye, even of helpful directions; but can any man assert that his reading, his familiarity with the experience of others, has materially changed his views or his success save in rare and isolated instances? Does he see anywhere a wider and more trustworthy consensus of opinion among the more thoughtful minds in the profession, or a concerted effort to find the neutral ground from which alone it can spring?

But let us see if we, as homœopaths, can find greater satisfaction. What have we done in half a century to establish more fully the claims we put forward for superior success and sounder principles? With all the heavy responsibilities weighing upon our shoulders, of straining every nerve to demonstrate our right to existence as the bearers of a genuine reform much is expected of us. But do we see much more than a following of routine, a drifting hither and thither with every wind that blows?—unless we stand anchored fast to the "Organon" and "Chronic Diseases," swearing by the words of the master, while forgetting his wisest precepts, his purest principles and surest methods. Have we stopped to take thought that he demanded a close adherence, not so much to his *measures* as to his *methods,* and not so much to his methods of *practice* as to his

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methods of *thought* and *investigation?*—he, the forerunner of the inductive method in therapeutic inquiry. Who has remembered what he declared to be the first requisite of progress,—the cultivation of careful, accurate habits of observing and recording at the bedside, with a sifting analysis of cases? Is there one among us who can treat more successfully than could *he* or his immediate followers? Is not stagnation everywhere apparent? Does it not apply to us with painful force, what was written thirty years ago by Wunderlich of the current therapeutics of his day, viz.:—"Observe a consultation of eminent practitioners at the bedside. One says timidly, 'I am in the habit of relying on cinchona in these cases;' a second declares with more aggressiveness that he has seen wonderful effects from iron; a third, who finds neither sense nor reason in the recommendations of the others, will hear of nothing but stimulants; and so on, but none can give his reasons for the faith that is in him, and not one but would be thrown into the most painful embarrassment were he asked why he administered antimony and not mercury; lead and not zinc; hyoscyamus and not belladonna; or if he could discriminate so accurately between the effects of these drugs, that in a given case he could with a clear conscience decide on the use of this remedy or that."

We call ourselves homœopaths, and hold together under this sign; but what is it that binds us? Is there a genuine or even an appreciable consensus of opinion among ourselves? That one does help the other with his knowledge and experience is not to be doubted. Success and failure are differently proportioned in different hands, and in the same hands in time, with added experience and knowledge. But that has always been the case and is no evidence of progress. Are our indications more clearly defined, our remedies more accurately proved, our successes more certain than a generation ago? Assuredly not! If the dominant school, or shall we call it "regular medicine," has been at work like a vast ant-hill collecting countless grains of sand and new food for the shelter and rearing of new broods of the same ants, *ad infinitum,* we have grown like the jelly-fish, flabby, unorganized and drifting with every current, or suspended without voluntary propulsion in the medium in which we had our origin.

And then the people! Superstitious faith, everywhere, in mysticism or occult influences, believing these things because they are impossible; more and more patent medicines and less and less confidence in the judgment of the family doctor; endless grasping at medical terms and phrases, without the least understanding of either, and following after crude, ill-conceived philosophical notions, with or without admixture of religious emotionalism: a peculiar phase of mental over-activity, charac-

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teristic of our time, originating in part in the universal tendency to popularize scientific knowledge in advance of a popular judgment sufficiently matured to assimilate the new food. It is not the people who are at fault, however. As the profession has trained them, so have they grown until, now, everyone not himself or herself acutely suffering, is ready to expound pathology and to offer cures and advice with a degree of confidence proportionate to his or her ignorance or temerity. The difference—if we will be candid—between the professional and the lay faith in cures is one of degree rather than of kind. The evil is this faith, faith in medicines or in men who have no more power to judge of therapeutic results than we have, but who have greater skill and aggressiveness in propounding their beliefs. Nowhere do we see a united, well-directed effort, either in all the great ant-hill of regular medicine or the gelatinousness of homœopathy, to emancipate medicine from this thraldom. It drags down the eminent and the obscure to the level of the popular mind, and, what is worse, it obliterates all but a few indistinct traces of that sharp line of demarcation which should exist between the honest physician and the pretender. And, what is more, it forbids the law to differentiate fairly between them, for the very reason that no man has a genuine warrant for the measures upon which he relies at the bedside, except his private judgment, which has no standing in the eyes of the law.

But this is neither the time nor place to abandon ourselves to pessimistic lamentations. The world's work is not yet done, and a scientific attitude of mind demands a determined optimism, always seeking something better, however distant the goal and difficult of attainment.

My object has been to point out to you, in echo of so many noble voices in the profession, how far we still are from anything like therapeutic certainty, resting on well-defined indications and thoroughly tried curative agencies. This, you will understand, has reference mainly to that large class of cases presenting themselves in daily practice, in which neither causes can be removed nor conditions changed by direct measures. If I have succeeded in impressing you with this view of the present status of therapeutics, I shall have prepared you, perhaps, to listen with patience to such suggestions as I shall be able to offer towards applying to therapeutics in the ever narrowing field just indicated the same method of investigation, recognized as the only possible one in all sciences dealing with the phenomena of life. I mean the so-called scientific method, which is not concerned alone with the accumulation of new facts, but mainly with their analysis, comparison, classification, and the elimination of every avoidable source of error. I am

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deeply conscious not only of the fact that this is a demand to apply the "scientific method" to the most difficult of all problems, but, also, of my own lack of preparation to deal here adequately with so complex a subject. But, as I have said, a beginning *must* be made. There is a force behind us that neither slumbers nor sleeps, urging us on incessantly to escape from the harassing position of doubt and uncertainty in which we drag out so much of our professional lives. If we can agree as to the present unsatisfactory state of therapeutics—in internal diseases—we have a starting point. Then let us agree—and here the greatest difficulty will present itself—each one of us to sink his private views, his accustomed routine, his cherished convictions, his sheet-anchors, one and all, in so far as these last are not at the same time the agents upon which all rely. There must be no attempt at compromise, except by general consent. This will meet with the strongest objection from two classes. First from all those who feel that "science," as they love to call a confused mass of disconnected facts, contradictory experiences, undemonstrated theories and haphazard interference with the course of nature, is all-sufficient for their needs; and, secondly, those who rest secure in the conviction that the "Organon" and "Chronic Diseases" contain the sum of all medical knowledge. Their interest and coöperation are desirable, but will hardly be enlisted at this stage. Those who feel within themselves the desire to seek for greater therapeutic certainty must approach the task not only on an equal footing, but with minds open to conviction, receptive and eagerly questioning. They must be free from skepticism, but critical and unbiased by tradition, authority, partisanship or self-deception. In a spirit of the utmost fairness, with the deepest love for their profession as well as for humanity, they must practise according to their best knowledge and conviction, since practise they must, but always with these two questions clearly before them in every case: First, What warrant have I for the remedy used? and, Second, What agencies, seen or unseen, may have been instrumental in bringing about the final result? Furthermore, each individual worker must bring to this task the ability to observe closely and with discrimination, to record with exactness and absolute rectitude, and to bring to bear every available means and aid to diagnosis. Failures and successes must be declared without fear or favor, and, with an unflinching determination to seek only the truth, there must be inexhaustible patience. In this way,—and I know of no other,—much may be done to discipline the mind for the accumulation of trustworthy data in private practice. But you will say, "Do we not all meet these requirements? Do not our diplomas and our standing vouch for our skill, knowledge,

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rectitude and fitness to judge in all cases?" That they do there can be no question. But, I ask you in return, why do we advance so slowly towards a stable and growing consensus in therapeutics, and why are all indications for treatment still so undefined, and why medication so uncertain? Answers to these latter questions may possibly be found in the lack of organization and the lack of zeal.

If it were possible to bring together a sufficient number of earnest men to practise in the spirit I have indicated, the next step would be to organize them on a plan wholly different from that prevailing in the bureaux of our societies. One of the greatest evils in all the work of our day lies in the fact that it is performed by individuals independently of their co-workers. Let me point to all our hospitals and dispensaries without a word of comment. What is needed is an organization of workers with definite rules for work, having ramifications in every hospital and dispensary, and determined to crush out all slip-shod procedures and all attempts at magnifying successes and minimizing failures. Such an organization must then proceed to elaborate a course of therapeutic investigation on lines of scientific exactness, by placing the same work in many hands. In all other departments of research it is possible for a single mind to observe, experiment, reason and record with a reasonable degree of exactness. But not in therapeutics. Each worker must not only be in full accord with all his fellows, but willing and ready to submit his opinions, his observations, measures and results, constantly to the judgment of others, so that every subjective source of error, every personal motive may be restricted as far as possible. A code of ethics, a body of rules for observation, experiment and record; a system of supervision and consultation should be established, and absolute obedience to these rules demanded. A separate body of rules must be laid down for individual work and observation and for the unclassifiable and exceptional cases. Over all must be a central committee to sift and analyze, compare and direct; to keep itself fully informed of whatever new means of cure or relief may be evolved out of the general labors in all branches of medical and other scientific inquiry; and to modify the course of the work, here proposed, according to the needs of the day.

In framing these rules, in establishing this new method of exact therapeutic inquiry, I would not stop at attempts to interest the profession alone, or fragments of it. All the world is directly and deeply interested. Not only, as has been said, because everybody, to-day, is a doctor unless he has positively declared himself to be otherwise, but above all because this effort to establish a trustworthy standard for clinical tests is to

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make itself felt in all directions. The public has been so long appealed to in all medical questions—is even now made daily the arbiter between rival systems—that we are no longer permitted to lose sight of the urgent need for a sound and enlightened public opinion to be brought to bear upon the fundamental ethical law of the healing art. To this end it is of the utmost importance that not only the motives, but the canons of our work should be distinctly set forth. This could be most effectually done by invoking the aid of minds trained to exact observation in other sciences as well as of those whose special calling it is to deal judicially with the accumulation and the nature of evidence. In this way we might hope, in time, to give the people some guide in the formation of medical opinions, and establish some tribunal before which those lay systems of medicine, which now defy all codes, medical and legal, written and unwritten, could be summoned to justify their existence. While the profession has no court of final appeal to which its vexed questions can be referred, the people cannot be called fools for eagerly adopting any fad or vagary that may take their fancy. And this is to be considered, that, fraught as it is with the gravest evils, it yet remains the safest course to leave in the hands of our legislators all laws pertaining to the practice of medicine, since all sound law is founded on ethical principles which ultimately prevail. There can be no question that not a few of those "cures" originating in the experience and intuitions of the people contain distinct elements of truth, unseen or unheeded by the profession, and that these are constantly confused, distorted and suppressed by the dogmatic antagonism of the latter. To set out, therefore, on some course for the discovery, first of all, of some neutral ground, acknowledged by science and law, and to work forward from this by those methods of modern logic and research which in all sciences are recognized as the only means of reaching permanent results, should be the task kept clearly before our minds.

Having elaborated a working system of rules so clear and free from any possibility of suspicion that the results following from their application could not possibly be turned to the account of any party, school, sect or pathy, certain classes of diseases should be selected, those most advantageously, at first, known to run a typical course and capable of being influenced in a measurable degree by treatment. Typhoid so distinctly affected by hydro-therapeutic measures, phthisis by climate, digestive disorders and certain forms of mal-nutrition by diet, etc.,—treatment upon which all rely to a far greater degree than on medicinal remedies,—should be proper subjects of study; and I believe a large number of physicians would cheerfully consent to assume the responsibility of treating these cases

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non-medicinally. Many other classes of diseases, among them a host of gynecological affections, acute exanthemata, whooping-cough, asthma, lymphadenitis, even diphtheria, on which all agree that medicines, of whatever kind, produce but little effect could be observed either expectantly or under dietetic, regimenal, balneological, hydro-therapeutic, mechanical or other treatment. All observations gained in this way should be made the material for statistics such as we look for in vain in all our records thus far. Chronic, non-destructive disease, such as facial neuralgias, cutaneous affections, requiring long periods of observation and experiment, could be subjected to medicinal treatment after having been observed for a sufficiently long time expectantly or under such hygienic measures as might be called for, until the course of each individual case could be predicted according to the calculations of probabilities.

In this way, without doing violence to our professional consciences, we could collect in time a body of invaluable evidence concerning both the natural course of these diseases and the effect of remedial agents. At the same time ample opportunity would be afforded to study the effects of that personal ascendency of the physician over the patient, well known to follow in proportion to the degree of confidence with which help is offered. The evidence thus accumulated by a long course of observation extending, to begin with, over not less than ten years, could then serve as an unimpeachable standard of comparison with the results of various methods of treatment concerning which statistics of a reliable character could be obtained. After a certain lapse of time, when the whole machinery should be in good running order, remedies or modes of treatment recommending themselves by their rational character or their apparent successes, could be made the subjects of experimental research and in a manner so exhaustive that their adoption in the end could be seen by all the world, to rest upon their merits; or their rejection on their vain pretensions.

I would weary you were I to attempt, here, to enter more fully into detail of this general plan. Already I feel that innumerable objections have suggested themselves to you as you have listened; and I, myself, in dwelling on this Utopian scheme have been far from laying the flattering unction to my soul, that, even were it possible to carry it out on the largest scale, it would yet be in vain to expect error and pretension to be banished. There will always be death and suffering, doubt in diagnosis, unlooked-for results and inexplicable phenomena on one side; and on the other, aggressive adventurers, system-mongers, faith curists, miracle workers, astrologers and patent-medicine men to take advantage of ignorance, of fear and of

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pain. It is in the nature of man to be superstitious, to grasp at straws when he is in suffering and danger; to lose his common sense when his emotions are aroused, and to place his faith in him who makes the strongest assertions or deals in the most plausible phrases. But this plan, of which I speak, is not for men incapable of thinking, or for idle-minded women, who flock with untrained minds around the latest and most impressive sensation. For such work as is here suggested, not only knowledge and judgment and experience; not only organization, implicit obedience and the unreserved sacrifice of private judgment, are essential; but a zeal for positive knowledge far above that ever displayed by those who have accepted martyrdom for faith. It is easy to suffer and to die when the mind is thrown into an ecstacy by the hope of heavenly bliss or earthly preferment, but it calls for a spirit of infinitely greater courage, persistency and self-abnegation to keep, through years of discouragement, under difficulties such as the therapeutic problem presents, a clear head and a strong heart. The greater glory of the church is one thing; the advancement of knowledge another.

But these appeals to conscience only show the hopelessness of the task proposed. You cannot fail to reject these suggestions as, in part, impracticable, in part unnecessary; since you see, or persuade yourselves that you see, rapid progress and genuine reforms in every new measure and in every new scientific disclosure. Besides, you feel yourselves in possession of abundant resources for all your clinical needs, from the inexhaustible storehouse of available knowledge and experience. And, what is more, who among us, with his license to practice, framed or unframed, is ready to abdicate his inalienable right to do as he sees fit at the bedside; or who will relinquish his claim of immunity from criticism or surveillance in affairs that concern his patient and himself alone? If the patient is content or, better still, enthusiastic in his admiration of the doctor, shall any other standard be set up by which to measure his success, or any question be raised as to his power over disease and death? The whole social fabric would tumble about our ears if every man, woman and child were not permitted to judge of the effects of medicines and "cures" of every description, to prescribe for themselves and their neighbors, and to discuss freely the merits of schools and of doctors.

None, it will be said, save an arch-skeptic who has lost faith in medicine by his own lack of success, could think of cavilling at the present order of things. None, save one absolutely ignorant of the certain means and methods by which so much success, so much eminence, has been attained, could doubt that the natural process of evolution, now spurred to so rapid a pace, must bring the speedy perfection of all the admirable

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curative agencies in our grasp. Let me say, in answer to such objections, that the better is always the enemy of the good, that however perfect the skill and knowledge of one, it is not the skill and knowledge upon which another, equally successful, will rely. I protest that my wish to see the scientific method applied to therapeutics does not arise from skepticism, but is rather an expression of that general distrust felt by every man of experience and discernment who has seen patients recover under the most diverse treatment, the most adverse circumstances, and die or suffer unaided despite the most approved or highly vaunted practices. Like others, I have my own convictions and can see that much danger is averted, much suffering ameliorated on all hands; but I am constrained to declare that our therapeutic knowledge is chaotic, that all the vast material, upon which we draw for teaching and for practice, is unsifted, unanalyzed, inexact and far more a matter of faith than of knowledge. Not he is the skeptic who demands better things, but he who rejects the experience of others and excludes all light that does not fall through his own windows. To discover what this experiment is, to establish its limitations, to supplement it with his own experience, to exclude what cannot be shown to possess a reasonable warrant, and in his way to raise the profession from the low level of irresponsible rationalism and crude empiricism, which now distinguish it from all other sciences, should be the aim of every physician who loves his calling. Already we have a mass of material to be put through this fire test. All who have more to offer, who can come forward with well-matured facts, should be made welcome to enter into the new work. Only those will hold back who, for reasons of their own, refuse to subject their beliefs and their measures to the most rigid scrutiny.

If I have refrained from urging, here, my own convictions and reliances at the bedside, I beg you to believe that it is not for the lack of such. To do so, on the part of anyone at this stage, would be to raise questions which would confuse and retard any feasible plan in its inception. My aim is neither to destroy nor to attempt to build up on the circumscribed ground occupied by any one man. I plead for a far-reaching reform based on broad foundations, and for that debt which we all owe to the profession, the debt that Bacon declares to be "performed in some degree by the honest and liberal practice of a profession when men shall carry a respect not to descend into any course that is corrupt and unworthy thereof, and preserve themselves free from the abuses wherewith the same profession is noted to be infected; but much more is this performed if a man be able to visit and strengthen the roots and foundations of his science itself, thereby not only gracing it in reputation and dignity, but also amplifying it in profession and substance."

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ARGENTUM NITRICUM IN FUNCTIONAL EXHAUSTION.

BY J. HEBER SMITH, M. D., BOSTON.

[*Read before the Boston Homœopathic Medical Society.*]

Among the conditions for which argentum nitricum is known to be indicated homœopathically, and of the first importance clinically, are those attending central nervous exhaustion and consequent functional weakness. But especially has this been remarked among those having the frequent responsibility of assisting in the renewing of overworked teachers, accountants and other sedentary brain-workers.

The following very characteristic symptoms have been confirmed repeatedly in my own practice as trustworthy indications for this remedy: Despondency; disturbing emotions; automatic performance of ordinary mental tasks and a haunting sub-consciousness that they have been done wrong; adding columns of figures and the like brain-work becomes wearisome or impossible (as in cerebral anæmia); impairment of memory very noticeable; sense of time dragging; distressing mental confusion with feeling of dullness of the head. There is commonly dizziness mornings, as if turning in a circle, the patient seats himself to avoid falling sidewise. These patients are the victims of frequently recurring attacks of hemicrania, attended with vomiting, and straining, with loud, forcible eructations. They suffer from gastric catarrh, through wrong habits of food indulgence, characterized by excessive flatulency of the stomach, with acute sense of distension, with pains radiating to chest and back, and violent belching after meals. In cases not fully developed this truly characteristic belching affords relief. But in time a kind of gastralgia is developed, characterized by enormous distension after eating, attended with anxiety, exhausting nausea, cold sweat, and general throbbing and trembling. The vomiting is commonly of glairy, viscid, sour mucus. There is apt to be marked cardiac arythma, with palpitation on inconsiderable muscular exertion, attended with tremor, especially of the hands. The legs are weak, and there is a sense of awkwardness in their movement, as though they were padded, or wooden, and there is a tormenting formication, as of impending paralysis, by day, with coldness of the hands and feet, from weak heart action.

The gait is unsteady, even tottering, and the patient staggers rapidly forward, at times, to avoid a fall, the knees seem so liable to give way.

These patients have a well-grounded apprehension of some kidney disease, and suffer from a dull and rather continuous pain in the lower back. The lumbar region is sensitive to contact, especially to hard pressure. It is a promising and

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often effective remedy in the apparently initial stage of simple paraplegia from exhaustion after loss of vital fluids, or severe illness. Its analogues here are phosphorus, conium, and, possibly, curare.

The argentum nitricum headache is usually half-sided. It sometimes extends down to the bones of the face. The pain is pressive, screwing and throbbing. At the climax of the headache there is often noticed a peculiar trembling of the whole body, and the nausea is intense, usually exciting vomiting of watery, bilious mucus. With the tendency to headache there is usually very copious secretion of pale urine, of low specific gravity (it may be exceptionally dark and scanty). The hemicrania is preceded by chilliness, general indisposition and a nausea unrelieved and insuperable under ordinary headache remedies. It has been noted that sour things, such as old cider, or very acid wine, in small sips sometimes lessen the nausea.

These patients commonly have a pallid, doughy, puffy, face, expressive of but little animation. There is, indeed, in many instances a very characteristic expression of hebetude. There is general muscular flaccidity and tendency to œdema. There is commonly loss of appetite, except for odd, piquant things, such as strong cheese. Longing for sweets is a characteristic for this remedy.

The best results, in my own practice, have been obtained by the use of the sixth decimal dilution, prepared with distilled water, and starting with the pure crystal nitrate of silver. I commonly repeat the dose three times daily, half an hour before meals. It is well to give the remedy three days and then omit it for about a week, to again repeat in the same way.

It has proved very helpful in lingering conditions following la grippe. I can commend it strongly for albuminuria from heart insufficiency, with dyspnœa from exertion; also for functional weakness of the spinal cord; and last, but not to be forgotten, for the numberless discomforts of many cases of neurasthenia.

Analogous remedies are comprised, essentially, in the following list: arsenicum, phosphorus, the mineral acids, the ammonium salts, and, in a few instances, it has been noticed that zincum phos. follows argentum with advantage. Ferrum is occasionally of service for the vomiting. Calcarea phos. often precedes argentum in protracted cases of neurasthenia.

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DRUG EFFECTS TO BE STUDIED LIKE DISEASE EFFECTS.

BY C. WESSELHOEFT, M. D.

[*Read before the Boston Homœopathic Medical Society.*]

This is the theme upon which your chairman, Dr. Madougal, has invited me to write a paper. Allow me to point out to you that the subject is one of very wide limits, involving a great deal of knowledge and research—far more than is at my disposal in the brief time which I have been able to devote to the subject. In fact, I have been unable to do more than to jot down the headings of certain chapters; and these I will rehearse to you, if for no other purpose than to show how little could be accomplished in this way.

The above subject is to be modified to mean that all symptoms of disease,—that is, signs of disease,—objective or observed upon the object by the physician, and subjective, that is, as noticed by the patient or subject upon himself, *must have a pathological basis.* This basis is often very difficult to find, especially in subjective sensations as related by the patient.

Objective symptoms lead to recognition of pathological processes sooner than subjective ones—pain, swelling, hard, soft, fluctuating, nodular, etc. Subjective symptoms are harder to interpret in relation to their pathological meaning, in the absence of any signs, to be elicited by physical examination. Cough, nausea, expectoration and feces belong in the category of objective signs.

I would state the proposition thus: every sensation which is abnormal, whether transient or permanent, must have some pathological basis. This basis may be what is termed functional, and capable of *restitutio ad integrum,* or it may have transcended this stage, and have passed on to a more or less permanent pathological lesion. Between the beginning and the development of permanent pathological lesions, hyperplastic, hèteroplastic, homœoplastic, etc., ending in degeneration, there is a wide range of possibilities, in which the cell-forces are endeavoring, successfully or unsuccessfully, to regain their normal condition.

Let me illustrate this by the simplest example. Let us say, a painful spot of the skin; it hurts a little on pressure, and has been gradually increasing for an hour; is red and slightly swollen. It is incipient inflammation. There is the flow of nutritive fluid which escapes from the blood through the connective tissue which unites the endothelial cells into closed membranes—known as capillaries. Outside nerve-excitement causes arterial hyperæmia—the transition from physiological to congestive (pathological hyperæmia being very

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gradual), elevation of temperature accompanies it, causing redness and swelling; dilatation of capillaries to twice their normal size. The connective tissue corpuscles undergo changes of a degenerative nature. Changes in the walls of the capillaries give rise to escape of constituents of the blood—serous, fibrous, corpuscular. The unimpeded migration and division of corpuscles leads to the formation of pus. This may pass from a diffused infiltration to an abscess or collection of pus in a cavity. This suppurative process may go on to destructive degeneration of the tissues involved; or it may recede and become arrested by a counter-hyperæmia, known as arterial hyperæmia, which is to be distinguished from the genuine inflammatory hyperæmia. In this the fluids move slowly or become stagnant; the arterial hyperæmia is thereby incited, in which the blood flows so rapidly through the blood vessels that all further accumulation of white corpuscles is not only prevented, but the blood vessels are actually swept clean again, and normal resolution takes place.

The process is too complicated, even in this simple example, to follow it in all its details. But the physiological and pathological principles herein involved are the same in all pathological conditions, which lead either to the formation of new adventitious tissue which invades and destroys the old normal tissue, or the new abnormal tissue itself undergoes inflammatory degeneration, carrying everything else with it.

As all these processes are physiological, that is, non-mechanical, but guided and directed by the nerve-system; sensation becomes disturbed, discomfort and pain are present and the patient becomes conscious of the abnormal process. By means of this consciousness the sensations of the patient are made known to the physician. It becomes possible for the physician now to interpret the sensations as well as the appearances presented to his senses.

What application can we make of this to medicine? No other than that every sensation produced by a drug introduced into the system must be based upon, and caused by, some pathological process, perfectly analogous to those which occur spontaneously as described.

It becomes our duty to guard these artificial processes from reaching the point of destructive degeneration. But we also must observe that no sensation can exist without the presence of some tissue change—temporary, i. e., functional, or permanent. This tissue change will be analogous to the process of inflammation which I have described; but it will vary according to the tissue affected, but still more, according to the kind of nerve irritation and reflex which controls the whole process.

This is an acknowledged axiom: "The cells of the paren-

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chyma are sensitive and active, but in this respect they depend partly on the nervous system. . . . The nervous system controls the sensibility of the body in general. The non-nervous elements of the organs have for this reason by no means forfeited their sensibility; but have only yielded a large share of the same to the central nervous system upon which they, therefore, depend. If they are passively excited, a proportionate share of their excitement is immediately communicated through the sensitive nerves to the spinal cord and brain, and their contractions (degeneration), if any such are perceptible, are reinforced by the central nervous system."

"The territory of the local disturbances is made up of the three essential elements of parenchyma; *capillaries* and *terminal nerves;* also *connective tissue,* which occupies a prominent place."—*Elements of Pathology, Rindfleisch,* pp. 13 and 14.

The pathogenetic changes of drugs acting upon the tissues are the points upon which our interest is to be concentrated. They do this under two conditions: *first,* a drug excites the nerves by a kind of action peculiar to itself; *second,* it has an affinity generally for certain tissues. Therefore, the symptoms which we obtain are the result of these two factors. One of the factors is variable,—that is, the irritation capable of being caused by various substances. The other factor is constant, that is, the nervous system and the tissues upon which the irritant acts.

Let us examine the effects of a few active substances, such as arsenic, phosphorus, opium and belladonna. Each of these, let me premise, may produce a very slight or transient pathological state, or it may produce degenerative changes, ending in death of the subject.

Arsenic applied by way of the stomach and acting upon the mucosa, produces burning pain, thirst, nausea and vomiting of glairy mucus, epigastric pain and soreness, diarrhœa, tenesmus.

Phosphorus: While arsenic exerts much of its effects upon the gastric mucous membrane, phosphorus, when introduced into the stomach and intestinal canal, exerts more of its effect upon the pulmonary mucous membrane. We observe: Catarrhal state of the broncho-pulmonary mucosa if inhaled, but of the gastric and intestinal mucosa if introduced there; tickling cough with rusty sputa; to the stomach, epigastric uneasiness, nausea and vomiting; mucous and bilious matter are vomited; pain and tenderness persist for several days, when the vomiting is that of "coffee grounds," or "black vomit," which after a while assumes the character of actual hematemesis; the stools are pasty or grayish, indicating absence of bile, or they may contain mucus and blood; the bowels are either constipated or loose, even to dysenteric symptoms; fatty degeneration occurs in the liver, and desquamative inflammation in the kidneys.

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The differences between opium and belladonna need only to be mentioned cursorily. Let me mention only the somnolence and stupor and turgid countenance caused by opium, and contrast it with the furious delirium, dilated pupils and pallor of belladonna.

There is, then, a great difference in the effect of drugs, which bears out my proposition that this difference of action depends on the two factors represented on the one hand by the tissue affected, and on the other hand by the kind of irritation applied to the sentient nerve terminals and sentient cells. The peculiarity of the drug effect is manifested by the peculiar pathological condition which it excites. It is, therefore, an error to asume, as most pathologists do, that no matter how great the variety of stimuli, the pathological course of effects will always be the same. They will obey the same law, but vary in detail, or else arsenic and phosphorus, belladonna and opium would have like effects.

In studying the effects of drugs we are therefore bound to recognize the fact that the least deviation from normal sensation is due to an incipient pathological change. This change may be controlled so as not to transcend the purely functional period. If not so controlled, or when it is the result of accident, the functional period will merge into permanent changes of tissue; and these, again, will result in degenerative processes, either of the newly formed pathological product, or as the consequence of its invasion of healthy parts. There is a wide range of possibilities between the first vestiges of a pathological process, its functional limits and its fatally degenerative termination.

Drugs are capable of producing such pathological processes from their smallest beginnings to their most destructive terminations. Some drugs, especially within limits of producing functional disturbances, exhibit forms of disease perfectly analogous to natural diseases. For example, the catarrhal condition of the pulmonary and intestinal mucous membrane; the fatty degeneration of the liver, etc. But they are incapable, so far as we know, of exciting pathological changes known as neoplastic tumors, either benign or malignant, though they may cause a gland to swell.

In our test of drugs, to study their specific effects, we should carry these effects to their full termination in animals, but limit their effects to the lightest functional forms, that will yield abnormal sensations in the human subject. These lightest functional forms, however, must be analogous to those effects which preceded the most serious degenerative effects in animals. Unless controlled in that way, our results will ever be paradox, confused and difficult of application in practice.

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A CASE OF INVERSION OF THE UTERUS.
[*WITH REMARKS.*]

BY EDWARD P. COLBY, M. D., BOSTON.

[*Read before the Hughes Medical Club.*]

Mr. Chairman and Members:

Assembled as we are for mutual study and assistance, no excuse need be offered for presenting a subject somewhat aside from our usual course, the more allowable also as giving a case which occurs but once in several thousand possible opportunities. Our text-books dismiss the subject of uterine inversion with but comparatively brief consideration. In the remarks and applications which follow I make no claim for originality, although no notice of the theory advanced has thus far reached my eye; but I have not had either time or opportunity for extended research in medical literature on the subject.

In ——— last, I attended Mrs. X., age about 25, primipara; in good health and well-developed, rather above medium height, bony structure rather slight, pelvis normal except that it was a trifle shallow. At about 9 o'clock P. M. the premonitory symptoms of labor began with but little pain, constant blood-stained discharge, os dilated to about the size of a silver quarter. About 3 o'clock A. M. she began to have distinct labor pains. The membranes had probably ruptured before the pains began, as there was no indication of the usual sac. Labor progressed regularly and satisfactorily until 7.30 o'clock A. M., when the head had descended to about one-half an inch above the perineum, where it remained until delivered instrumentally at 11.30 o'clock A. M. Ether was administered in small quantities during all the later stage, but not to unconsciousness until just before applying the forceps. The head was delivered easily, requiring less force than in most instrumental cases. The shoulders were large and delayed the delivery somewhat, but no violence was necessary at any stage. The genital orifice was uninjured.

About 10.30 o'clock A. M., before the forceps were applied, an accident happened to the bedstead by which the bed with its contents was dropped to the floor. The patient was made comfortable on a new bedstead as soon as it could be made ready, being carefully lifted on the original mattress, from which she was not removed. Probably this accident in no way affected the labor, but it is mentioned as one of the occurrences.

The instrumental delivery occupied about 20 minutes. The pains had been losing their force during the last two hours, and

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this had much to do with the delay in delivering the shoulders. Cord of good length and free.

Soon after the birth of the child examination showed the placenta to be presenting in the upper vagina. On placing my hand on the abdomen for the purpose of demonstrating to the nurse the position of the uterus that she might make gentle pressure during the delivery of the placenta, I was surprised in being unable to make this demonstration. Palpation showed in place of the usual well defined globular body only an ill-defined mass, well down in the pelvis, and without a dome-like summit. The placenta was now carefully removed, with but gentle traction on the cord, and no pressure on the abdomen. The membranes slowly followed the placenta, being filled out by something more substantial than the ordinary retained blood and liquor amnii. Upon making a digital examination the finger came in contact, at about the level of the os, with a mass feeling somewhat like the maternal surface of a somewhat compressed placenta. Having hurriedly cleansed and disinfected my hand, it was introduced, and grasped a tumor projecting into the lower uterine cavity, the lower portion presenting at, or nearly at, the os. The tumor had a lateral diameter of about three inches, somewhat flattened antero-posteriorly, with a length of four to five inches. At the upper portion was a pedicle, round, and about the size of a silver dollar. The surface of the tumor imparted to the fingers about the same feeling as the interior of the uterus, but as it was grasped it was less firm, did not contract, and had a doughy feel.

I must confess that for a few moments there was entertained a suspicion of fibroid, but I can assure you the tumor lacked the firmness and smoothness of surface belonging to a fibroid—the covering was velvety. After these few moments, it was evident that the upper segment of the uterus had become inverted into the lower uterine cavity at just above the median zone. Gentle pressure was made by the hand grasping the tumor, while with the other counter-pressure was made on the abdomen to steady the uterus and prevent violent traction upon the attachments. Almost immediately the tumor began to give way at the upper portion or pedicle, and in less than ten minutes it was turned back much as one would turn a rubber nipple, the fundus being the last to recover its natural position, and the cornua could be felt giving way before the fingers just as an incipient contraction seemed to impart a degree of natural firmness. Up to this time the doughy feeling, entirely devoid of elasticity, was noticeable, although there must have been some resiliency to cause the tumor, under pressure, to give way first at the pedicle. Ergot was given, hoping to stimulate the uterus to contraction, and also, I

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acknowledge, with some regard to the old theory of its affecting circular fibres to contract, which fibres have not been satisfactorily demonstrated. The woman made a satisfactory recovery.

I have for many years firmly believed the statement made in most of the text-books upon midwifery that uterine inversion at childbirth only occurred as a result of unjustifiable force, either traction from below or pressure from above. In this case neither was employed, and the placenta was well detached before any attempt was made toward its delivery. From this fact that before any pressure was made from above, or traction upon the cord, the uterine fundus could not be made out by abdominal palpation (the patient was not fleshy), and the whole mass was low down in the pelvis; also that the cord was of normal length and free; that the delivery was not rapid, the descent of the body being delayed for some minutes by the arrested shoulders, the natural conclusion would be that the inversion resulted from causes inherent in the uterus itself. The fall of the patient with the bed to the floor cannot have been an important factor in the etiology. The prolonged administration of ether may have a place in the causation.

What seems to be a tenable theory can be advanced, based upon the anatomy and physiology of the organ. The upper and lower portions of the uterus receive their nervous supply from different plexuses, the upper portion being supplied from the spermatic plexus, and, while in part covering the same field, is as a whole quite distinct from the hypogastric system, which is distributed to the middle and lower portions, including the cervix. This division may be still further sub-divided into the hypogastric and inferior hypogastric, or pelvic, of which the hypogastric supplies the middle and the pelvic the lower portions, the community of distribution between the hypogastric and pelvic systems would seem to be much more intimate than that of the spermatic with either, and may probably be considered as one. The spermatic arises from the renal and upper aortic, and the hypogastric from the aortic and lumbar plexuses, and the pelvic portion is directly reinforced by branches from the second, third and fourth sacral nerves, thus giving the lower portion an additional spinal supply.

With this supply seemingly as markedly divided as in any organ of the body depending upon the sympathetic system, it might be possible that the upper or spermatic distribution would, under certain circumstances, cease to act. It certainly has been the misfortune of many of us to meet a case where the nerves supplying the lower or middle portion of the uterus were in a state of irritability, causing an almost spastic contraction, giving rise to the well-known hour-glass uterus. This

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condition is of such occasional occurrence as not to be doubted. Here it may readily be conceived that while the upper portion of the organ participates in contraction only to a normal extent, the lower or middle zone is tetanic in its action, resulting in rigid closure of the uterine cavity, giving no ready exit to the contents of the upper chamber. It does not draw very heavily upon our imagination to believe that the opposite condition may be present in which, while the portion supplied by the hypogastric system is acting normally, the spermatic area may be in a paretic condition, and the dome of the uterus being deprived of its tonicity inverts by its own weight and that of the abdominal viscera above, and drops down into the lower cavity during an interval when the lower section is not contracting, and thus we get inversion without mechanical violence. The weight of the attached placenta might aid in this result. The accident is rare, and still more infrequently is there an opportunity to watch the various phases. If the examination is not made very early the constriction at what I have called the pedicle must obliterate the doughy feeling of the tumor giving place to an engorged mass, nor can we at a later period expect to feel the gradual giving way at the upper extremity, as in the case cited. Probably also the instances are rare in which one can be absolutely certain that mechanical violence was not used, for in a case of this kind the traction on the cord might be far below the average and yet be violence.

The theory of paresis in the upper uterus would also account for many of those cases in which, with everything else normal, the pains to all appearance strong and regular, yet the expulsion of the fœtus is delayed, and the pains absolutely futile. The natural inference to be drawn from this case is that uterine inversion may occur in the experience of any one of us, even with the exercise of the utmost care. As I have not been backward in attributing inversion to the carelessness of the attendant, I wish to acknowledge my error, and humbly pray I may not meet another such case.

Note.—I recognize that the criticism may hold that the size of the constricted portion is incompatible with the volume of the uterus, hypertrophied by pregnancy. I can only communicate the impression received by my fingers, in a necessarily hurried examination. The dimensions may have been somewhat greater, but not very much so.

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THE TREATMENT OF MALIGNANT NEOPLASMS BY ELECTRICITY.

BY FRANK C. RICHARDSON, M. D., BOSTON.

[*Read by title before the Massachusetts Surgical and Gynæcological Society, Dec. 11, 1895.*]

In these days of advanced thought, no discussion of the treatment of malignant growths would be complete without some consideration of the use of electrolysis. It is equally true of electricity in this connection, as in a general way, the experience of the last few years has on the one hand furnished abundant evidence of the value of electricity, and on the other hand has shown clearly that we are not to expect too much from it. These two things are equally clear. It is an important therapeutic agent, and it is not a panacea.

Since we are not now hampered by the old-time hopelessness in the treatment of cancer, the physician may hope for an earlier opportunity of meeting and combating this dread enemy, and, therefore, it is reasonable to expect much more satisfactory results in the future than have hitherto been attained. At all events, as reported cases have led the laity to expect much of us in the treatment of this disease, it behooves us to consider carefully each and every measure which either of itself or as an adjuvant promises to be of service.

Comparison of the electrical method with treatment by ordinary surgical means is decidedly out of place, as each has its distinct province. It will be readily admitted that as a general rule, complete extirpation of a malignant growth by means of excision should be employed whenever possible. There are instances, however, where a knife cannot be used with advantage. Again, the traditional dread of a surgical operation has, unfortunately, not yet quite died out, and much valuable time is lost passively waiting for the patient to consent to operative interference, which might be obtained for the less formidable procedure of electrolysis.

Sometimes the physician, too, being uncertain of his diagnosis, allows the favorable moment to slip by, and while waiting for the time when the glands become infected and the sequence of symptoms leaves no room for doubt, general infection is taking place and interference of any sort can at most be only palliative. If at this early period, when uncertainty makes the conservative hesitate to subject his patient to the knife, he will call to his aid the powerful influence of electricity, he may be able many times to change the course of events in a most surprising manner.

Again, as an adjuvant to surgical procedure, after excision of as much diseased tissue as can be reached by the knife, electrolysis will be found vastly superior to any form of chemical

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caustic. Such is, in my opinion, the province in a general way of electricity so far as the treatment of malignant neoplasms is concerned.

Let us now glance briefly at the method of application in some of these cases. The effect of the electrical current, especially the galvanic, upon such growths is germicidal as well as electrolytic. That cancerous tissue possesses less resisting power than healthy tissue to the histologically-lethal action of strong currents is a reasonable conclusion, based on the known lack of vitality in the cells. Experience confirms this as a fact. The low form of cell life that obtains in these growths cannot resist the destructive influence of electricity, and, what is of the greatest importance, is the fact, and thought to be almost equally well-proven, that the destructive interpolar action upon these cells goes on with certainty even when the electrode does not come in actual contact with them. Such being the case, no patient suffering with inoperable cancer should be deprived of the possible benefit of the interpolar action of strong galvanic currents, say from 50 to 500 milliamperes, according to the location.

A distinct field of usefulness of electricity is in the treatment of that deplorable condition, carcinoma of the cervix, and the treatment of this affection may well serve as an illustration of the electrical treatment of malignant growths elsewhere. The method advocated by Massey seems to me most generally preferable and is as follows:

The patient being placed in a good light with a negative clay-pad electrode held against the abdomen, the cervix is brought into view and the anode placed in contact with the cavity. A current of from 100 to 250 milliamperes is now gradually turned on and maintained from five to ten minutes. The current is then turned off in an equally gradual manner. The active electrode should be of carbon or other non-corrosive material, and may be most conveniently fashioned from an electric-light carbon with rounded end, insulated throughout its length by a piece of rubber tubing except at the end inserted within the morbid excavation. The use of this cheap and handy material permits a fresh electrode for each case to be destroyed at the termination of the treatment.

High currents may be employed in this way with but little pain, owing to the benumbing effect of the positive pole. The neuralgic pains which usually attend these cases are in fact largely controlled and subdued by the applications, which quickly stop hemorrhages, improve the nature of the discharges and bring away portions of the growth in a crumbly condition. Undertaken when the disease is strictly local and confined to the cervix there is every reason to hope that it will

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be ultimately curative. In hopeless cases it is a valuable palliative. The strength of the current must be considerable, though proportional to the gravity of the case, and may be applied frequently.

Some operators have used the added corrosive effect of the oxychloride of zinc, which may be employed *in situ* in a nascent condition by the use of a surface of bare zinc as the active positive pole, but this additional caustic agent does not seem to possess any advantages over the polar action of the anode just described, which polar action is sufficient to destroy the vitality of the cancer cells in its immediate neighborhood.

In addition to this monopolar method of treating cancer, as it may be termed, we have the method advocated by many writers of confining the current directly to the growth by means of a double bipolar needle electrode, which is thrust into the cancerous mass and a high current turned on. While this method may have its advantages, especially in malignant growths of solid or semi-solid character, in that it is more rapidly electrolytic in action, the use of the monopolar method has the possible advantage over it of permitting us to apply a dense interpolar current throughout the ramifications of the cancerous tissue. As has already been said, cancerous growths are unquestionably better conductors than the surrounding healthy tissue, hence the deeper offshoots of the growth will receive the bulk of the current in its passage between the poles. At all events, after the more solid growths have been disposed of by the bipolar needles, the resultant cavity should be treated by the monopolar method.

A procedure which has received much attention is the shock method of Dr. Inglis Parsons, who deserves special credit as a pioneer in the recent advance in the electrical treatment of cancer, even if we cannot fully endorse all of his methods. The technique of the shock method is as follows: The patient being anæsthetized, thrust the needles well into the base of the growth, the anodal on one side and the cathodal on the opposite, and let the ends of the needles, as they are buried in the growth, be from one-half to an inch or more apart, according to the size of the tumor. If it be small, four needles, two on each side, will be sufficient. Everything being in readiness, the needles in position, turn on the current quickly until the meter shows 500 or 600 milliamperes. As soon as you get the desired amperage break the current by removing one of the cord tips, and tap the binding post with it, thus sending a series of powerful shocks through the tumor. Another good method, and one more convenient for the operator is by voltaic alternatives—that is, by sudden reversals of the current by means of the pole-changer. These shocks may be repeated half a dozen

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times or more, carefully watching the patient meantime to note any signs of overstimulation or heart trouble. The current must not be allowed to pass uninterruptedly for more than five or ten seconds at a time.

The dangers of this method are at once apparent, especially when applied in the region of the heart or great nerve centres. At least one death during the operation has been reported, and it seems that the advantages to be gained do not compensate for the risk incurred.

In direct contradistinction to the heroic Inglis Parson's method may be mentioned the reputed value of mild percutaneous galvanic currents in the treatment of cancer. Cases of mammary cancer successfully treated in this way have been reported by Walling of Philadelphia, Nunn of Savannah and others, and it would seem to be especially applicable in benign tumors or those of doubtful malignancy. The malignant character of the growth having been once established, however, the strong currents give far better promise of satisfactory result.

In closing we may summarize briefly as follows:

Electricity is at present recognized as a legitimate method of treatment for malignant neoplasms.

Prompt and thorough excision by the knife should, however, be resorted to whenever possible.

When ordinary surgical procedure is for any reason not admissible, electricity is the most promising substitute.

For soft growths I would recommend the monopolar application of high-current strengths of galvanism, according to the method of Walling.

For solid or semi-solid tumors the double bipolar needle electrode, with after treatment of the resultant cavity by the monopolar method as for soft growths.

The dangers attending the Inglis Parsons' method are so great as to preclude its general adoption.

The utility of mild percutaneous galvanic currents in the treatment of cancer is certainly worthy of further investigation.

A TYPICAL CASE OF ANTRUM DISEASE.

BY E. B. CAHILL, M. D.

[*Read before the Boston Homœopathic Medical Society.*]

In January, 1893, Miss M. consulted me for what she termed "catarrh." The history was pain in the left cheek often radiating toward the ear, soreness over the malar bone of that

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side, slight discharge from the left nostril, constant consciousness of odor not always perceptible to others, slight swelling under the eye, excessive nervousness and debility. Examination revealed pus in the concavity of the left middle turbinated bone, which upon wiping away returned almost immediately. No carious teeth, nor had any teeth been extracted on that side. The patient had suffered for more than a year, had tried several physicians and various remedies, had sprayed with listerine, peroxide of hydrogen, and boracic acid.

The diagnosis being clear, I decided, contrary to the usual procedure, to enlarge the existing opening in the antrum. This was readily accomplished by dilating the middle meatus with tightly compressed tampons of absorbent cotton, after which the entrance to the antrum is evident as a purulent spot. A curved bistoury to enlarge the opening, and a hollow needle to which a syringe could be attached were the instruments used. Three times a day the cavity was syringed with peroxide of hydrogen, after a week, twice a day. Hepar sulphur and cod liver oil were the medicines used. The case steadily improved for two weeks, and then the discharge increased. I then made a counter opening above the first molar tooth. In this I left a small silver drainage tube. Irrigations of peroxide were continued through the alveolar opening. In two weeks the discharge had very much diminished; in four weeks it had entirely ceased. The nasal opening was allowed to close, though I kept the canula in the mouth three weeks after the discharge had ceased. I have seen this patient at intervals ever since. There has been no recurrence, and her general health is excellent.

This is one of seven cases of uncomplicated antrum disease which have come under my care. Three cases yielded to treatment through the nasal opening. Three cases either had a carious tooth on the affected side, or a tooth had been extracted, and the opening was made through the alveolar process, the case reported alone being free from any evidence of carious teeth, and yet requiring drainage from the dependent portion. These cases which have come in my practice have not all been typical as to soreness, swelling, etc., but all have complained of the odor of which they were always conscious, differing from ozena, inasmuch as the latter is more often evident to others than to the patient himself. In all, there was the light yellow pus, which returned promptly upon being wiped away. All the cases had existed more than ten months, and three from three to four years.

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THE NEW HYSTERECTOMY.

BY L. A. PHILLIPS, M. D., BOSTON.

[*Read before the Boston Homœopathic Medical Society.*]

Until a comparatively recent date hysterectomy, by either vaginal or abdominal method, has been fraught with so great danger to the life of the patient that very few surgeons cared to undertake it, few physicians felt like recommending it, and only in the most desperate cases, when death was otherwise inevitable, could women be expected to accept this very doubtful alternative. Increasing knowledge, improved methods and greater care and skill in the technique of the operation have brought it forward as a means of relieving otherwise incurable as well as fatal diseases; but more than any or all other improvements the new hysterectomy, as described and performed by Doctor Pratt of Chicago and many of his pupils, has reduced the danger and increased the benefits, as well as broadened the sphere of uterine extirpation. This is recognized and acknowledged by many of the best surgeons in America, not only of our own school but also of the old school.

Professor Edebohls of New York, for instance, honestly recognizing the superiority of the new method, and honorably giving credit where it is due, says, "To Pratt of Chicago belongs the credit of having by his practice, demonstrated the practicability and value, and by his teaching and writing, disseminated a knowledge of the method which justly bears his name. The writer has practiced each of the three methods. The clamp operation he soon abandoned, as to his mind eminently unsurgical. He has no further use for it, and will not again leave a clamp in the body, except in the dire necessity of being unable to secure a bleeding point by ligation or torsion. Serial ligation of the broad ligaments presents the serious objection of unnecessary constriction of the vital tissues, richly supplied with nerves, blood-vessels and lymphatics. Ligation is required merely to check hemorrhage, and this object can be accomplished by simply tying the bleeding vessels; all constriction or crushing of tissues beyond this is uncalled for, harmful and illegitimate. Vaginal hysterectomy by serial ligation of broad ligaments is indicated only in cases of malignant disease, in which we wish to give the uterus as wide a berth as possible. Enucleation of the uterus, with ligation of bleeding vessels only, appeals to my mind as a surgically ideal method of hysterectomy, suprapubic or vaginal. All my cases operated upon after this method, one abdominal and nine vaginal hysterectomies have made good recovery."

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Yet some narrow-minded men speak of the operation only to carp. Blinded to its merits and advantages by their own prejudice and conceit, they will not admit that any good thing can come out of Nazareth; so they berate and villify the operation itself and those who adopt and apply it, but offer no reason or argument which can stand against it. The beauty of this operation is its simplicity—the advantage it takes of anatomical peculiarities. As is well-known, the blood-vessels which supply the uterus and appendages are distributed in the cellular tissues over its surface, chiefly at its sides, and are so tortuous and folded upon themselves as to allow of great distension or dilation without injury; also that the uterine arteries as they approach the uterus divide rapidly into smaller and smaller tortuous branches which finally penetrate the uterus as arterioles of the smallest calibre. By dissecting very close to the uterus we divide only these arterioles or capillaries and the slight oozing from them almost immediately ceases spontaneously. In working further away from the uterus, larger vessels requiring ligation are divided. The details of the operation are as follows:

After thorough cleansing and disinfection of the vaginal and cervical canal with pyrozone or other antiseptic, strong silk sutures, to be used as guy ropes, are passed through the cervix, both anteriorly and posteriorly from the canal. With these the organ can be held firmly and steadily by the operator or assistants. The cervix is then thoroughly dilated and the uterine cavity firmly packed with gauze, rendering the organ more firm and solid, and making the after dissection easier. The cervix is then circumscribed by an incision through the mucous membrane and cellular tissue, the upper margin seized with tissue forceps, or tenaculum, and the uterus carefully separated from surrounding tissues with the spud, hysterectomy knife, or blunt pointed scissors, the organ being drawn down by the guy ropes as dissection proceeds, until the bladder is passed, when a free opening through the peritoneum is made anteriorly and posteriorly, while at the sides, where the vessels are imbedded in adjacent cellular tissues, the blunt dissection is continued to the fallopian tubes; and if these and the ovaries require to be removed this same method of enucleation is applied to them also, thus avoiding all large blood-vessels and making ligatures necessary only here and there in case of accident, or in such cases as bleed from very small vessels.

If difficulty is experienced in reaching the fundus and adnexa, the fundus may be drawn forward and downward through the anterior opening of the peritoneum, the cervix being allowed to turn back into Douglas' cul-de-sac, and the dissection thus completed and the organ removed. The peri-

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toneal opening is then entirely closed by running sutures of fine catgut, unless drainage is deemed necessary, and also the vaginal mucous membrane, and the vagina packed with antiseptic gauze. My personal experience in its application is not large, but sufficient to demonstrate to my own satisfaction and that of others, its great superioriy over the older methods.

The first case was a woman fifty-four years of age, who four and one-half years ago had the ovaries removed, at the Charity Club hospital, since which, as before, she had suffered so much pelvic pain, felt such dragging and pressure from a retroverted, prolapsed and inflamed uterus as to make her life miserable, and render her incapable of earning her living, which her circumstances made necessary. Appealing to me for relief, she was admitted to my hospital, and June eleventh the uterus was enucleated, the left ovarian artery alone requiring ligation. She made a rapid and complete recovery with little immediate discomfort and entire relief from her former sufferings, and with her general health and nutrition manifestly improved. This was an easy case.

The second, a lady seventy-two years of age, suffering with pelvic pain especially in the left side, and having so much uterine hemorrhage as not only to alarm her but render her very weak and feeble. She had been to Carney Hospital for examination under ether, where operation was refused, for what reason I know not. She entered my hospital, January twenty-eighth, 1895. Examination revealed a uterus as large as if two or two and one-half months pregnant, and behind it a cyst as large as an infant's head. On February first she was operated upon, the womb being enucleated as before described, the cyst evacuated and carefully dissected from the broad ligament and delivered, as was the womb, through the vagina. Not a single artery required ligation or even the use of artery forceps, and but very little blood being lost. The peritoneal and vaginal vault were closed, except that for drainage a strip of antiseptic gauze was left at the posterior angle of the wound. No hemorrhage occurred afterward, and the only considerable pain experienced was from the removal of the drainage gauze next morning. On the ninth day she began sitting up, and in three weeks was able to go home, sound and well, and, I may say, happy.

Microscopic examination of the uterus by Professor Sutherland failed to discover evidence of malignancy, but the size of the organ and the continuous hemorrhage in a woman of her years were at least suspicious. To say that a great advantage is gained by this method, as compared with any other, because it is in accord with the principles of orificial philosophy, would be fully appreciated only by those who have made

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themselves familiar with that philosophy. Leaving the blood vessels as well as absorbents, and what we deem still more important, nerve filaments, practically uninjured and free from ligation or crushing gives the remaining tissues more perfect nutrition, being the means of repairing and maintaining afterwards a healthy condition of the parts, and avoids the pain and discomfort so generally attendant upon constricted or ligated nerves. The same method of enucleation is applicable as well also in abdominal hysterectomy which becomes necessary when, from the pressure of tumors or other cause, the uterus, is too large to be delivered per vaginam: in which case complete extirpation or amputation at the cervix is a matter of choice.

As a great improvement over other methods, I commend to all who have occasion to remove the uterus when surrounding tissues are healthy, "The New Hysterectomy."

In this connection, I wish to consider briefly "the surgical treatment of uterine fibroids," and some of the statements and statistics recently made before the society. It is quite natural that a record showing such a fatality (forty hysterectomies with fifteen deaths), should cause a halt in the course pursued, —yet none would charge, or for a moment assume, that the results were due to lack of skill or care on the part of the operator.

The significance of those statistics is to be sought not in the work of the surgeon, but in the methods employed, or even back of the operations themselves. No surgeon, however skilful, can, by methods authoritatively pronounced "unsurgical and illegitimate," attain results to be compared with those which improved and far less dangerous methods are producing, and this may be one explanation of the remarkable fatality reported; but still more important is the attitude assumed in this class of cases. Nothing could be more inconsistent and unreasonable in the light of modern gynæcological experience than to assume that these growths should be left until the very life of the patient is in immediate danger before surgical relief is to be considered. While this attitude was maintained toward ovarian tumors results were very different from those of the present day,—and what is true of ovarian tumors, is just as true of uterine fibroids,—and when considerered rationally and treated in the best known manner the mortality from the surgical treatment of these growths will correspond very closely to those now secured by ovariotomists.

To assert that women's sufferings from fibroids are not worth considering, that only when life is threatened is there cause for surgical interference, manifests a nature devoid of sympathy, or very careless observation. Lives made as mis-

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erable as are a large proportion of those afflicted with these growths,—lives rendered incapable of performing the duties and accomplishing the aims and purposes which make life worth living,—should be recognized as demanding our sympathy and our best and most effective efforts for relief, quite as much as those which having lost their hold upon and their desire for that which is behind, look forward to death as a longed-for release from present misery.

When, therefore, it is demonstrated that therapeutic means fail to control the growth of a uterine fibroid, rather than torture the woman with the galvanic cautery which very rarely, if ever, cures, and is by no means to be depended upon to arrest the growth even, much less to relieve the nervous and nutritive derangements which so generally result from their presence, the same principle which has become the generally recognized rule in the treatment of ovarian tumors, should be applied to these fibroid growths, viz., remove them before the size, complications and effects have reached a point which renders operation difficult and dangerous; and health and comfort will be secured where debility, suffering, unhappiness and blighted life, if not premature death, would otherwise result.

THE CORTICAL CENTRE FOR VISION. — The great work of Solomon Henschen, of Upsala, *Klinische and anatomische Beitrage zur Pathologie des Gehirns* (Clinical and anatomical contributions to the pathology of the Brain) has reached its third volume, of which the first half appeared last year. From a critical notice by Uhthoff in *Berliner klinische Wochenschrift*, No. 5, 1895, the following is of special interest: "By the method of exclusion Henschen arrives at the result that the visual (cortical) centre is in the inner face of the occipital lobe. Every lesion involving the whole inner face is accompanied by hemianopsia. All the cases where the calcarine fissure was destroyed had hemianopsia. On the other hand there are a number of cases in which the lesion affected only the cortex of the cuneus or of the lobus lingualis without involving the calcarine fissure — in these case hemianopsia was not present. Analysis of all the known cases in the literature shows that the visual centre is in the cortex of the calcarine fissure. The finer delimitation of the visual centre in the calcarine cortex has not been established in every direction. According to Henschen's results the retina is represented buried in the fissure, the dorsal quadrants of the retina being represented in the upper wall of the fissure, the ventral quadrants in the lower wall and anteriorly, at the bottom of the fissure the macula lutea is represented. — *N. A. J. H.*

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

THE NEW SCIENTIFIC SENSATION.

There is, it is safe to say, no scientist whose work lies along the lines of medical investigation who has not felt himself stirred to a very enthusiasm of keen and vivid interest in the discovery, and in the work already done, literally in the light of the discovery, for which the scientific world has to thank Professor Roentgen of the University of Wurzberg. It is a longer time than it were safe to definitely state, since any scientific discovery has been made whose immediate, practical results were so significant, and whose promise of future usefulness was so brilliant and so solidly founded. What the "cathode rays" may do to illuminate dark problems in other fields of science workers in those fields are already eagerly guessing and prophesying. What it has already done for medical science is in part illustrated by this single citation from the account from the *Montreal Witness,* of a recent meeting of the Montreal Medico-Chirurgical Society:—

"The fortnightly meeting of the Montreal Medico-Chirurgical Society was held in their rooms last night, the president, Doctor Blackader, in the chair. Owing to the fact that Professor Cox was to address the society on the recent cathode photography discovery and explain his experiments, the meeting was fully attended, the rooms not being able to accommodate the crowd. . . . In a very clear manner Professor Cox explained the nature of Doctor Roentgen's discovery. He also explained how, following along the doctor's lines, he had experimented with success and related his experiment yesterday which resulted in the successful photographing of the injury to T. Cunning, a young man who was shot in the leg last Christmas. Professor Cox showed the plates containing the photograph of the leg and of several hands he had reproduced to the audience."

By the aid of the photograph made by the cathode rays, the bullet was located with such exactitude that it was removed by the attending surgeons without difficulty, and the patient is making a good recovery. After the society meeting in ques-

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tion, one of the best-known physicians of Montreal, commenting on Professor Cox's experiment and its success, remarked:—

"The most important feature of the meeting last night was the production of a photograph of the wounded leg of a patient, the patient himself being present, and the complete success of cathode photography as applicable to practical medicine was acknowledged by all. What the profession was interested in was to have a practical illustration of this new manifestation of force of practical surgery, and this to all of us was highly satisfactory. I am quite sure that this process will be of wonderful benefit and will be frequently evoked in difficult cases. We have much hope of its being useful in diagnostic medicine because the soft tissues allow the rays to pass through them, and we cannot hope to have the internal organs or tumors any more accessible than before. In the case of the late President Garfield, for instance, the help of this new process would have been most desirable, because at that time, with all the resources of a nation, with the great electrician Bell at its head, all attempts to locate the bullet failed, and a vast amount of probing was done. While the extraction of the bullet might not have changed the result, much suffering might have been saved had this process of photography been in vogue."

And close upon the heels of this instance of the immediate utility of the new discovery comes a report, not yet given in detail, of the case of a seamstress who swallowed a needle, and suffered the keenest distress therefrom, her life at one time being despaired of. The cathode rays were used in experimental photography, and the needle was, by their aid, as exactly located as in the former instance the bullet had been, and a surgical operation resulted in speedy and complete cure. What such an aid to exact diagnosis means to modern surgery assuredly needs no pointing out. Scarcely more needs it to be suggested what infinite uses may be served in sister fields of work by the same agency. It is not beyond imagination that the sorely-vexed question of vivisection may, in part, be solved by the ability to illumine the inner workings of animal life, without exposing them to sight and touch at cost of pain or of existence itself. Even therapeutics may profit neither poorly nor indirectly by the new discovery; as witness the daring speculations of Edison, that indefatigable searcher out of the "practical" in every revelation of science:—

"You know," said Mr. Edison lately, "that one of the effects

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of sunlight on water is to kill the germs and bacteria which it contains. Now, the Roentgen rays, if they mean anything extraordinary, show a disturbance in the ether analagous to the waves of light. The X rays may be short wave lengths beyond the invisible ultra violet rays, or they may be longer waves on the other side of the red in the spectrum. Whatever they are, they should have an affect similar to light.

"My plan is to get two patches of cultures of bacilli and inclose them in celluloid tubes which have already been shown to be almost completely pervious to the X rays. One of these patches I shall expose to the X rays, but not the other. Then I shall watch the effect to see if the patch of bacilli exposed to the X rays ceases to grow, while the other patch, of course, will grow on as usual.

"If it can be shown that the X rays stop the growth of bacilli, then what can be easier than to turn the rays on the lungs of persons afflicted with consumption? You cannot let sunlight into their lungs, but it has been abundantly proved that the X rays will freely penetrate all tissue except bone."

And what hints to the therapeutist lie latent in the account lately furnished to the *New York World* by Professor Osterberg of Columbia College, of a recent curious experience of his while engaged in laboratory experiment with the cathode rays.

"One of the students of the university," so the report reads, "caught a mouse in a trap and brought it to the dark room where the experiment was to be made. Mr. Osterberg placed the trap, with the live mouse in it, in a pail of water, laying a heavy weight upon it to prevent its rising to the surface. He left it there exactly ten minutes, and then took it out. He was about to open the trap door when one of his assistants called attention to the fact that the mouse was stretching itself. Mr. Osterberg felt sure that the mouse was dead, but in order to take no chance in his experiment he placed the trap back in the pail. He intended to leave it there five minutes longer.

"At the end of that time something happened which required his attention elsewhere for a few minutes, and when he returned to take the trap out of the water, at least seven or eight minutes more must have elapsed.

"At this juncture one of the students broke an incandescent lamp, which delayed the experiment an hour and a half. During this time the mouse trap lay on the floor. When everything was finally in readiness, the mouse was laid upon its side on a sensitized plate, and the aluminum end of the tube fastened about two inches above his body. Looking into the side of the tube in that dark room you could see the wonderful play of the greenish cathode rays in the vacuum.

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"Had the mouse been able, however, to look up, he would have seen nothing but a sheet of aluminum, which in that dark room was barely visible. For a whole hour Mr. Osterberg sat there, while the light, invisible beyond the metal plate, was coursing through the animal's body.

"Everybody knows that when the eye stares steadily upon a light the vision becomes blurred, and strange figures begin to dance and cavort upon the retina. This happened to Mr. Osterberg, but after a few minutes the dancing object moved so vigorously and created such a distinct impression upon him that he rubbed his eyes.

"The mouse was kicking.

"Mr. Osterberg could hardly believe his senses. Yet there lay the little animal, its eyes blinking, its tail, which Mr. Osterberg had curled so as to bring it under the apparatus, sticking out straight and its leg struggling with considerable animation. After gazing in bewilderment upon this remarkable spectacle for several minutes it suddenly occurred to Mr. Osterberg that the mouse was spoiling the picture.

"He therefore pushed it hastily to one side. He covered the spot where it had lain with a piece of glass, through which, as you know, the cathode rays cannot pass.

"And as he sat there with his eyes fastened upon the mouse, he saw that its struggles had suddenly increased, and that it was striving to drag itself back to the spot under the aluminum plate, as though it found warmth and comfort in those rays of light.

"Mr. Osterberg was thunderstruck. Hastily turning on the lights in the room, to assure himself that he had made no mistake, he took a long look at the animal, and, surely enough, the mouse was trying to get back to its former place.

"Mr. Osterberg cannot explain it. The experiment and its result was not on the programme. If in these rays there is a revivifying power, a force that affects the muscles and the nerves of animals, and which, while it will not restore life that has once fled, will feed the dying flame, send the blood coursing through the body and restore energy, no scientist can explain it. It would be a mystery of nature that comes as near being a miracle as any phenomenon that man has ever observed."

The scientific world, aflame with eager enthusiasm and scholarly curiosity, will doubtless leave no possibility of this new discovery's power and significance unexplained or unexploited. And in the investigation medical science will not fail to bear its part, as it cannot fail to share the benefits of the results attained.

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EDITORIAL NOTES AND COMMENTS.

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President Warren's Annual Report, just issued, gives every student, graduate and undergraduate of Boston University School of Medicine, reason for honest pride in the noble whole of which his college is a part. The story of the University for the past year is one of steady and most gratifying prosperity, and of growth along broad and worthy lines. Summarizing the year's story, President Warren says:—

The chief problems of the immediate past have resulted from a growth in numbers out of proportion to our growth in financial resources in the form of new endowments.

The total number of students in attendance last year was twelve hundred and fifty-two, being one hundred and forty more than in any previous year.

The whole number of students in the College of Liberal Arts in 1894 was three hundred and nineteen; in 1895 it was three hundred and fifty-three, a gain of thirty-four.

In 1894 the whole number in the four regular undergraduate classes was two hundred and twenty; in 1895 it was two hundred and twenty-six, a gain of six.

In 1894 the newly entered Freshman Class numbered 56; in 1895 it numbered 75, a gain of nineteen.

The percentage of young men in the Freshman Class of 1895 was ten higher than in the last preceding.

The School of Theology made a gain in students, but the smallest possible, for the reason that its rooms were already filled to overflowing, and proper encouragement could not be held out to applicants writing from a distance. The Theological Hall should be enlarged at once. Though the rooms now provided accommodate only one hundred, there were in attendance one hundred and fifty-two, one more than in the preceding year.

The membership of the School of Law in 1894 was two hundred and fifty-one; in 1895 it was three hundred and thirty-nine, a gain of eighty-three.

The School of Medicine rose from one hundred and thirty-one, in 1894, to one hundred and seventy in 1895, a gain of thirty-nine.

The attendance in the different departments in 1884–85 and in 1894–95 is shown in the following table:—

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	1884–85.	1894–95.
College of Liberal Arts	166	353
College of Agriculture	10	172
School of Theology	79	152
School of Law	171	339
School of Medicine	95	170
Graduate School of Arts and Sciences	101	125

During the ten years now closing the attendance of the University has more than doubled. The steadiness of this growth, as shown in the following annual total, is unusual:—

In 1884–85	620
1885–86	710
1886–87	769
1887–88	775
1888–89	875
1889–90	928
1890–91	1020
1891–92	1069
1892–93	1075
1893–94	1112
1894–95	1252

Concerning the Medical School the report says:

The attendance in this department has nearly or quite doubled since the year 1889–90.

The patronizing territory extended last year from Russia to the Dakotas, and from Canada to Texas.

The fifteen classical colleges represented by graduates among the students were the following: Bates College, Boston University College of Liberal Arts, Brown University, Colby University, Cornell College, Kenyon College, Livingston College, New Hampshire College of Agriculture, Richmond College, Tufts College, University of North Dakota, Wellesley College, Williams College, Yale University.

The institutions represented by medical graduates among the students were the Hahnemann College of Philadelphia, and the University of Minnesota.

and of the professional schools as a whole:—

The friends of Boston University may continue to be proud of our professional schools and of their work.

Of the American institutions maintaining the three corresponding Faculties, Harvard alone surpasses ours in the number of students under instructon. Even Harvard has but lately overtaken us. Our total in the three schools last year

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was 658, giving an average of considerably over two hundred for each school. The smallest number in any of the three was over one hundred and fifty.

Each of these schools has rendered distinguished service in elevating and improving professional education in this country. The School of Law led all others in introducing and maintaining a full three-years course of graded instruction. The School of Medicine led all others in introducing a full four-years course of graded medical instruction and requiring before graduation a mastery of it by every candidate for the Doctor's degree. The School of Theology was the first to separate college graduates from the non-graduate students in all published lists, and invariably to limit the Bachelor's degree in Theology to men of collegiate training. It is the only one of university connection and like age which has never conferred an honorary degree.

The crowded and strained condition of each of these schools is an index of the public's appreciation of high ideals and good work. May the appreciation soon take a still more substantial form.

In the section on the University Senate, a touching, dignified and deserved tribute is paid to the honored and lamented Dr. Denton G. Woodvine. We take pleasure in reproducing Doctor Warren's remarks in full:—

Denton G. Woodvine, M. D., of the University Senate, died November 23, 1894, in the sixtieth year of his age. He was born in Little Meadley, England, May 3, 1834, and brought to this country in infancy. He was promoted to the degree of Doctor of Medicine by the University of Pennsylvania in 1866.

From the beginning of our School of Medicine, Doctor Woodvine was connected with its Faculty. The first year he was Librarian, then from 1874 to 1888 Lecturer of Laryngoscopy, Rhinoscopy and Diseases of the Throat; finally, from 1888 till his death, Professor of Diseases of the Throat. Many years he was an officially appointed Visitor to the College of Liberal Arts, serving much of the time as Secretary of the Board of Visitors. He was a liberal contributor both of labor and of money in the development of the School of Medicine. He also founded the Woodvine Scholarship in the College of Liberal Arts by the gift of $2,000. Through all those years he was a warm friend to our students, and, without thought of compensation, was always ready to attend any that might be ill.

Doctor Woodvine was a tireless student, a sympathetic teacher, a successful physician, an obliging colleague, a lover of progress, an embodiment of wise and active charity. Under-

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neath all his excellencies of character, inspiring all and sustaining all was an ardent, prayerful Christian's love of God and man. His name will abide in honor and his memory remain an inspiration to all who knew him.

The Forthcoming Report of the Materia Medica Committee of the American Institute promises to be of very great interest and value. The lines it is to follow are indicated in the following preliminary statement, kindly furnished by Doctor Dewey of New York:—

MATERIA MEDICA CONFERENCE, DETROIT, JUNE 16 AND 17, 1896.

At the last meeting of the American Institute of Homœopathy, a committee was appointed "To select a large committee of those interested in the Materia Medica, including several of our homœopathic specialists, to provide for a consideration and discussion of questions pertaining to the construction of a scientific Materia Medica, and to call and arrange for a Materia Medica conference in connection with the next session of this Institute, the conference to continue one more days (as may be found necessary) and to adjourn finally before the opening of the Institute session. The committee to report its papers and discussions to the Institute for its action."

The committee consisted of Doctors Pemberton Dudley, J. H. McClelland and J. S. Mitchell.

The larger committee appointed by these gentlemen is composed of the following: Doctors T. F. Allen, E. H. Porter, M. Deschere, H. C. Houghton and W. A. Dewey of New York, Conrad Wesselhoeft of Boston, A. W. Woodward and H. C. Allen of Chicago, Pemberton Dudley and B. F. Betts of Philadelphia, Eldridge C. Price of Baltimore, Millie J. Chapman of Pittsburg, Harold Wilson of Detroit, M. W. Vandenburg of Fort Edward and A. L. Monroe of Louisville.

This committee held its first meeting on November 21. A list of subjects was selected for the work of the first conference only, as the recommendation to appoint this committee included also a recommendation "That similar conferences should be held under the auspices of the Institute from year to year until we arrive at definite plans and methods for placing the Materia Medica upon a strictly scientific basis." Doctor

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T. F. Allen was chosen chairman, and Doctor W. A. Dewey secretary of the committee.

The committee desires to present the following programme: The conference will meet at the place of the Institute meeting in Detroit, on Tuesday, June 16, at 3 o'clock P. M., and hold three sessions,—the first from 3 o'clock to 6 o'clock P. M., the second from 8 o'clock to 11 o'clock P. M., and the third on Wednesday, June 17, from 10 o'clock A. M. to 1 o'clock P. M. At these three sessions there will be presented and discussed the following topics:—

I. "Has the Law of Similars ever been unequivocally demonstrated by the deductions from general practice, and do we not require its more formal proof by inductive experimental research?" Essayist, Conrad Wesselhoeft, M. D., Boston, Mass. Discussions by C. W. Butler, M. D., Montclair, N. J.; Martin Deschere, M. D., New York; Charles S. Mack, M. D., Chicago, and Charles Mohr, M. D., Philadelphia.

II. "In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ from, or fall short of, those required by the methods and precautions of modern scientific research?" Introductory remarks, T. F. Allen, M. D., New York. Essayist, Eldridge C. Price, M. D., Baltimore. Discussions by M. W. Vandenburg, M. D., Fort Edward, N. Y.; E. H. Porter, M. D., New York; Conrad Wesselhoeft, M. D., Boston, and George Royal, M. D., Des Moines, Ia.

III. "In the search of the simillimum shall we endorse section 8 of the Organon, which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?" Essayist, William Boericke, M. D., San Francisco. Discussions by H. C. Allen, M. D., Chicago; W. J. Hawkes, M. D., Chicago; J. D. Buck, M. D., Cincinnati, O.; L. C. McElwee, M. D., St. Louis, Mo.

The time limit for the above essays and the discussions thereon has been fixed as follows: Essays not to exceed thirty minutes, discussions must be limited to fifteen minutes. The essayist is to have an additional fifteen minutes in which he may comment on the matter presented in the discussions.

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The balance of the time of each session may be occupied in general discussions of five minutes' duration each. As a large number undoubtedly will desire to discuss these important topics, and as the time will be limited, those who desire to take part in the discussions are invited to send their names to the secretary, signifying the topics they wish to discuss. The remaining time of the sessions will then be allotted in the order in which such requests are made.

Respectfully submitted,
Committee on Materia Medica Conference.
W. A. Dewey, Secretary, 170 West 54th Street, New York.

Hypnotism as a Plea Against Criminal Responsibility is becoming less and less available, as the fact, so comforting to moralists, that no hypnotized subject can be forced to the commission of a crime foreign to his habits of life, is more and more frequently demonstrated by experiment. In this connection, a report in the *Medical Times,* from Doctor C. W. Hidden, of Newburyport, Mass., is of marked interest. Doctor Hidden claims that as the result of repeated experiments, he has found that an honest person cannot be induced to commit crime while in the hypnotic state. In several instances, in the presence of others, he has made rigid tests, and in the cases of women, the very first suggestion of immorality resulted in their recovering complete consciousness. An instance is quoted where he had succeeded in getting a subject to consent to break open a house and steal money, and had gone with the subject to the house designated, and when urged to pry open the window, he began making excuses, but finally consented to remain outside while the doctor should go in and hand out the plunder. The doctor commenced to pry open the window to force an entrance, when he saw his companion fleeing so rapidly across the field that he had great difficulty in overtaking him, and found him in a state of great fright, though still in the hypnotic condition.

This is in accordance with the teachings of the ablest hypnotists, who claim that no one can be hypnotized against his will; that the subject must hold his own will power in check and permit himself to be controlled. Until this is proved false, any and all legislation upon this subject should be discountenanced.

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SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held in the College Building, East Concord Street, Thursday evening, January 2, 1896. In the absence of the president and vice-president the meeting was called to order by the secretary, Doctor Briggs, who called for nominations for president *pro tem.*, and Doctor J. Heber Smith was chosen for this place. By motion of the secretary, the reading of the records was dispensed with.

The following physicians were proposed for membership in the society: Doctors Julia M. Lombard, George W. Haywood, Caroline Y. Wentworth, J. M. Hinson, Jr., and Percy G. Brown.

Doctor Winn moved that the amendment to the constitution, as printed on the programme, be adopted. This was seconded by Doctor Batchelder, and was so voted by the society.

The secretary's report for the past year was read by Doctor Briggs and was accepted. The treasurer's report for the past year was read by the treasurer, Doctor Turner, and was also accepted. The report of the committee on obituaries was read by Doctor Briggs.

The next business in order was the election of officers for the ensuing year. It was moved by Doctor J. H. Sherman that the secretary cast one ballot for the entire list. Doctor Batchelder called attention to the fact that it was voted at the last meeting to vote by individual ballot. Doctor Sherman withdrew his motion and the ballots were cast which resulted in the election of the following officers: President, William J. Winn, M. D.; vice-presidents, Winthrop T. Talbot, M. D., Jane K. Culver, M. D.; general secretary, J. Emmons Briggs, M. D.; provisional secretary, F. P. Batchelder, M. D.; treasurer, Maurice W. Turner, M. D.; auditor, T. M. Strong, M. D.; censors, I. T. Talbot, M. D., Emily A. Bruce, M. D., George B. Rice, M. D.

President's address was read by the president, H. C. Clapp, M. D., and was followed by the presentation of resolutions relating to the Cullis Consumptives' Home.

"*Whereas,* the trustees of the Cullis Consumptives' Home have petitioned for a permit to erect a new building for their Home, to take the place of that occupied by them for the past 25 years, and in its immediate neighborhood, at Grove Hall, Dorchester; and

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"*Whereas,* Certain of the residents of that neighborhood have petitioned the Board of Aldermen to forbid the continuance of any Home for Consumptives at Grove Hall; therefore

"*Resolved,* That in the opinion of the Boston Homœopathic Medical Society, it is exceedingly desirable that this Home, which, in caring for about 4,000 poor consumptives, has done such an immense amount of good, and has saved the City Treasury so much money, should be continued in the proposed new building near its present location, and that poor consumptives who are taken care of in such an institution, are far less a menace to the health of the community than when scattered about the city in their homes.

"*Resolved,* That a copy of these resolutions be presented to the Board of Aldermen by the president and secretary of this society."

Doctor I. T. Talbot: "In voting for this resolution I am reminded of the great difference between then and now. A year ago to-day we had quite a little rustle in this room, because the governor used a very doubtful sentence in his message concerning the hospital at Westborough. The matter was investigated and the result has not been discouraging to us. We have cause to congratulate ourselves not only that that action did a great deal of good, not only increased the number of patients at the hospital and particularly the number of paying patients beyond that of any hospital in the state, but also because the governor himself confessed that what he said was from ignorance and because he had been led to believe that trouble was about to break out at Westborough. To-day we have another message from the governor of a far different sort. Instead of saying all my girls are good girls except Jane, he says that Jane is an excellent girl, has done first-rate and is one of the best in the state, and I wish my other girls would follow Jane's example and see what they can do toward curing the insane in this state. He says it is time for all institutions to see if there is any advance to be made in understanding the causes and conditions of insanity, and to do something for their cure. So the action which was taken a year ago has given an impetus to the whole cause of homœopathy in this relation throughout the state. I rise to present another resolution; I do not claim the paternity of it, but I most heartily agree with it."

"*Resolved,* That the president and secretary of this society, in its behalf, be instructed to request the governor of the Commonwealth of Massachusetts to appoint a believer in homœopathy as a member of the State Board of Lunacy and Charity, when the next vacancy in that board occurs."

This resolution was adopted.

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Scientific Session.

J. Heber Smith, M. D., chairman. W. N. Emery, M. D., secretary. W. M. Townsend, M. D., treasurer.

The first paper was by J. Heber Smith, M. D., chairman of the section, entitled, "The Desirability of Disposing of Infected Bodies by Cremation," and was followed by a resolution.

"*Resolved,* That as physicians, students of sanitary science, and members of the Boston Homœopathic Medical Society, at its annual meeting, Jan. 2, 1896, we hereby recommend to our fellow citizens the disposal of infected bodies by cremation, as the method that best meets our approval."

This resolution was adopted by a unanimous vote of the society.

Following Doctor Smith's paper, Mr. Carroll C. Burpee, B. U. S. M., '96, read a description of a cremation recently witnessed by him, at the Forest Hills Crematory.

Under the head of unfinished business President Clapp next appointed as nominating committee for officers for this section for the ensuing year, Doctors Turner, Hines and Emery.

A discussion of Doctor Smith's paper followed:—

Doctor Walter Wesselhoeft: "After such an exhaustive treatise as Doctor Smith's it is difficult for one who agrees with the speaker to add to what has been said. It would be easier if I found myself differing from him. I can add that it is my own conviction that cremation is the proper method of disposing of our remains when the time comes. The objections offered to this process appear to rest wholly on matters of mistaken sentiment. We should deal reverently, respectfully and with the utmost consideration with prejudices against this apparently new method of disposing of what remains of those who are nearest and dearest to us. But at the same time we should not shrink from advocating as forcibly, as clearly, as earnestly as possible facts that can be sustained by experiments, science and experience, and in that way create that popular spirit that is necessary before there can be a general adoption of cremation. For my part, if I allowed my mind to project itself into the future beyond that time when I shall walk among you, I should have no prejudice against such a process as has been described here. I think I should feel that there was no hardship in allowing my remains to return to those constituent elements in the manner which was described, but I do feel that that other process of being slowly transformed into gases and fluids, products of fermentation and decomposition, would be most objectionable. Above all things, there is danger that the earth will be gradually overcharged with these matters, which by the process of filtration will be spread in all directions, pol-

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luting our water supply, and, before they are completely transformed, being mixed again with the gases and fluids which come in contact with the living. Now I think that the sooner we lend our influence to the formation of such public opinion as I have spoken of, the sooner a serious source of danger will be removed. This source and its effects has been shown to a large extent in the cemeteries of the large cities of Europe, as Paris and London, as it has been observed that in the immediate neighborhood of these burial places there exist all manner of intestinal disorders and sore throats, and these affections are predisposing causes of much more serious diseases. If the microbes of the more serious disorders are brought in contact with the victims of these lesser disorders, they find circumstances which favor their rapid development. I believe fully in the resolution which has been offered and second it, hoping that the efforts of this body will be used in its behalf."

Doctor I. T. Talbot: "I have but a word to say on the subject. I think that if we all unite in favor of this movement there can be no question of its success. As Doctor Wesselhoeft has said, the sentiment opposed to it is difficult to overcome. To do away with it needs actual argument, constant talking and frequent agitation of the question. One thing we have to consider: it has been the intelligence of the world that has favored this movement. It was the intelligence of Rome that made it customary to cremate all bodies. Then as Rome degenerated during the Dark Ages, less care was taken of the dead. Some were unburied and left on the surface of the earth. Then they began to take a little better care of the bodies, but it is only within the last eighty or one hundred years that nicely arranged cemeteries have been provided. The burial facilities of European cities are very inadequate. Take such a city as Paris, for example,—and Naples is still worse. Those who have been there know what is done. The bodies are left in the ground only one year and then are pitched into the sea. While we commend the sentiment that will take care of you and me, and see that our bodies are cremated, we have a right to take care of those that are dependent on the state for the disposal of their remains after death. I fully approve the resolution that is before the society and would lend the weight of the society's influence to anything that will favor scientific and sanitary disposal of remains."

Doctor Smith: "I am glad to say that allopathy and homœopathy can unite on this, a common ground. If we take this resolution up we shall actually lead the medical societies of the modern world in this matter, as I know of no other medical society that has taken any action on the matter. On the roll of the members of this cremation society I find the names of

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four members of the homœopathic faith, and only two of the other school. And yet I seldom meet with a physician who does not favor cremation."

Doctor Sutherland: "I regret very much having missed the papers which have been presented this evening, and I feel that I owe a distinct and humble apology for not being here to hear them. One cannot intelligently discuss a paper without having heard it, so I will attempt no discussion of the papers which have been presented, but I want to put myself on record as being in favor of cremation, or some other way than the one most in vogue, for disposing of the dead. The method now in use in the crematory is certainly clean, quick and sanitary. I can see no objection to the method. There is one thing which comes up the moment we speak of the disposal of the dead, and that is the prevalent religious beliefs. It is for us as physicians to deal with the subject not from a religious standpoint, but from a standpoint of sanitation, and from that standpoint there can be but one opinion, and that in favor of cremation."

Doctor May: "I would like to inquire as to the sources from which one can obtain literature on the subject?"

Doctor Smith: "There is a monthly published in New York called the *Urn.* Doctor John Homans, 2d, of Boston, is the secretary of the Massachusetts Cremation Society, and will gladly answer any questions on the subject. Paying $30 into this society will insure cremation, as the cost of cremation is about this figure. The New England society is the parent society. Bodies were formerly sent out of the state, but now facilities are at hand. The society is really a stock company and shares are $10 each."

The president called for the report of the committee on nominations, and the following names were proposed for officers of the section of the ensuing year: Chairman, C. H. Thomas, M. D.; secretary, F. E. Allard, M. D.; treasurer, Grace E. Cross, M. D.

Doctor Perkins moved that Doctor Smith's paper be printed for distribution and it was so voted. Meeting adjourned at ten o'clock P. M.

J. Emmons Briggs, *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, February 6, 1896. The meeting was called to order by the president, W. J, Winn, M. D. By motion of the secretary the reading of the records of the last meeting was omitted.

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Proposals for membership: Frank A. Gardiner, M. D.; Charles D. G. Mack, M. D.; Amelia Burroughs, M. D.; Mary R. Lakeman, M. D.; Clarence P. Holden, M. D.; Marion H. Lewis, M. D.

The following physicians were elected to membership: Doctors George W. Haywood of Lynn, Caroline Y. Wentworth of Newton Highlends, Percy G. Brown of East Boston, Julia M. Lombard, and J. M. Hinson, Jr., of Boston.

Scientific Session.

Doctor Boothby described a case, on which he had operated a few days before, performing an abdominal hysterectomy, and removing the uterus containing twin fœtuses, at about the second month of pregnancy. The specimens were unusually good, and Professor Sutherland in demonstrating them to the Society brought out the points of interest.

Section of Mental and Nervous Diseases.

F. C. Richardson, M. D., chairman. Lucy C. Hill, M. D., secretary. A. D. Hines, M. D., treasurer.

Programme.

Subject for consideration: "The Influence of Systematic Muscular Training in Counteracting the Increasing Neurotic Tendencies in Our American Youth."

1. "The Increase of Nervous Instability amongst Children," by Edward P. Colby, M. D., Boston.
2. "The Influence of Systematic Muscular Training upon the Nerve Centres," by Frank C. Richardson, M. D., Boston.
3. "Physical Culture as at Present Taught in the Public Schools of Boston," by Edward M. Hartwell, M. D., director of physical culture in the Boston public schools.
4. "A System of Rational Gymnastics" (with practical illustration), by Mr. R. A. Roberts, superintendent of Boston Y. M. C. A. gymnasium.
5. "The Practicability of Establishing a More Thorough Course of Physical Training in Our Public Schools," by Samuel Calderwood, M. D., chairman of committee on hygiene and physical culture, Boston School Board.

Doctor Hartwell, on being introduced to the society, said: "I want to express my great gratification at the thoroughness and interest with which you are discussing this subject, and the manner in which you take it up. I have been connected with physical training for the last fourteen years, and the vast majority of people with whom I have had occasion to talk in

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regard to the value of physical training or muscular exercise emphasize muscular, without recognizing the facts that have been insisted on here that muscular exercise exercises and affects the nerves. If we build our theories and take our exercise with a clear view of and comprehension of this fact we are on the upward path, but if we consider merely the enlarged and hardened muscle which comes from exercise we overlook our most telling and convincing argument for the value of physical training. It is an agency in the great problem of developing structure, and more than structure, function. I need not say that education is not scientific, for there is too much that is empirical in the way of mere instruction.

"Haller, the great physiologist of the last century, thought that evolution or the development of the embryo was the development of something infinitely minute, but perfect in all its parts, by assimilation of new material, and that there was no development of one part out of another, as bone from cartilage. But modern physiology teaches us that the infant is an incomplete being in the number of its parts and in the completeness of those parts,—for instance, in the matter of muscle and nerve. Relatively the infant is large in brain mass, and the brain and nerves will increase only a small amount in actual weight from the weight at birth, while the muscles will increase some 48 per cent, and from being 23 per cent of the total body weight at birth will in the adult form 43 per cent or 44 per cent of the whole weight. For educational purposes the infant is a totally different being from the child of seven or eight. The end organs of the nerves do not attain their full growth until puberty, when the outlying peripheral centres are brought into connection with the strong central ones. If we classify movements we find they are divided into two classes: the common movements of the body, those which attend the child through life, as breathing, etc., and those which are concerned in peripheral and acquired movements, as speech, manipulation of the hands, etc. To have a natural, safe and effectual system of physical education we must learn the order of development of the neuro-muscular system. You can teach an idiot to develop a certain amount of mental strength by teaching his hands, not by using the finer muscular movements, but by training first the shoulders, then the arms and so working down to the movements of the hands. If you recognize the order in which the centres develop you can proceed from stage to stage until the child is really fully developed according to nature's method. So we should have the simple movements at first and bring in later those which are most difficult and require fixed attention, which have the elements that are likely to result in inaccuracy and failure, if tried in too young a child. The man who makes

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Roman mosaic must use a magnifying glass and his movements must be made with the utmost accuracy and nicety, but the man in the street who is laying a mosaic of paving stones can hit anywhere within six inches of the centre of the block and it will be all right. You must first lay your foundation of health in the child and then you can build upon this your refined muscular movements.

"In Boston our system does not conform to all these requirements. No system is perfect and scientific that does not conform to the laws of development of the nervous system; that does not conform to the requirements of modern experimental physiology. A perfect system of physical training is yet to be brought out; all we have is a good number of attempts of an empirical nature. There are two main departments of systematized muscular exercise which in a perfect system should go hand in hand; the plays which culminate in athletic sports and games, and the systematized gymnastics for developing structure and power in definite and controllable ways. So I would have both a good playground and a gymnasium, and give to each child the special kind of exercise that he needs. In this way we shall get much more out of exercise than we do now, and it will be recognized as a genuine and indispensable part of education.

"According to a vote passed June 24, 1890, after much discussion and reports made by the board of supervisors, the Ling system was introduced throughout the schools of the city. We have introduced only a small part of it up to the present time. No apparatus is required. The classes perform the evolutions in the aisles between the desks and in the corridors. This is good for the children in the primary and grammar schools for building up coördinated actions. There is a great deal in free standing gymnastics that is hard to do, because they require close attention and coördination. I have seen trained athletes try these movements and find them far from child's play.

"We have 1300 teachers here in Boston, and twelve high schools for boys and girls. Military drill was established in the '60's, and there is no intention of taking the boys out of military drill to give them gymnastics. The only preparations made are for teaching the teachers and teaching gymnastics without apparatus. Ninety-four per cent of the pupils are to be found in grades below the high schools. The great mass are in the middle grades, between ten and fourteen years of age. So we have concentrated our attention there. Gradually, by filling up the high schools with pupils who have had a pretty good gymnastic training in the lower schools, I think we produce a rather healthy state of dissatisfaction in those pupils about going over and over the same old grind of gymnastics, which

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are first rate for the lower schools, but do not fit the needs of the high school pupils. There are two high schools with apparatus for gymnastics, Charlestown and Brighton, and demands are also coming from some other schools that something be done for them. We have carried it down the other way into the primary schools rather further than the Swedes do, and are getting some very satisfactory results. What is most needed is to improve the work in the primary schools, put some simple apparatus into the grammar schools, and feed the children on something more interesting than free standing movements done at command. We want to give the high schools well equipped gymnasiums and competent teachers. We have some such and there is a feeling that more are needed. It is not a question of way, but a question of the public and the official will. And to help the official will the public will should be expressed on the basis of a calm, careful consideration and knowledge, such as comes from the medical profession when it speaks, having made up its mind that it is right. The medical profession does not teach men the value of exercise. Until it rescues medical gymnastics and massage from the wretched crew that have taken them over into their possession it will not have performed its duty.

"In the Boston public schools, in the upper grades, sixteen minutes are given in the afternoon for gymnastics, one-half of which time is used in instruction, and the rest in performing exercises already learned. In the primary schools we get three periods of six minutes each in different parts of the day. I am not going to belittle what we are doing, and I think it commends itself to the teachers. I never for a minute suppposed it would be a success unless it grew. But what does sixteen minutes avail if, during more than two hundred minutes a day, more than twenty per cent of the children are obliged to occupy desks and chairs which cause weariness and even deformity? Every class which is inspected is marked on five points: Fundamental position, steadiness with which exercise is performed, precision and correctness with which the work is done, and correctness on the part of the teacher.

"Following is a tabulation of the result of the inspection for the years 1892 and 1894, showing the gain made in that time:

1892. 55 schools, 5 excellent, 19 very good, 22 good, 7 cent good, 0 poor"

1894. 60 per cent excellent, 30 per cent very good, 3.6 per cent good, 0 passable, 0 poor."

The committee on nomination of officers for the section for the ensuing year next reported as follows: Chairman, Doctor E. H. Wiswall; secretary, Doctor M. E. Mosher; treasurer,

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Doctor N. R. Perkins. The report was accepted and adopted, the secretary cast one ballot for the entire list and they were declared elected.

The next speaker was Mr. R. J. Roberts of the Boston Y. M. C. A. gymnasium. Professor Roberts gave a description of his system of physical training, and of his experience in gymnastic work, an experience extending over thirty years of actual work in the gymnasium. He then gave a practical illustration of his home dumb-bell drill, two young men from the Y. M. C. A. gymnasium illustrating the various movements. He also gave a description of a few simple exercises that may be taken at home without any apparatus. On first awaking in the morning before getting out of bed, rise from the prone to the sitting position a few times. The most important set of muscles is in front of the body, and by this movement they are brought into play. To exercise the posterior muscles, resting on the head and heels, lift the body from the bed. After arising walk around on the toes for a minute. After taking the morning bath, pass the towel back of the head, take hold of the ends and have a "see-saw" contest between the muscles of the back of the neck and the arm muscles.. To exercise the muscles of the waist and back, take hold of the ends of the towel, stretch the hands up over the head, swing from side to side and from before backward. When walking out of doors, inhale while walking five steps, exhale; inhale for ten steps, exhale; and same for fifteen. Keep the back of the neck close to the coat collar. Carry the chest further to the front than any other portion of the body.

Doctor S. H. Calderwood: We have sixteen minutes each day in the grammar schools for free standing movements and we want to carry this into the high schools. Only two high schools have any apparatus, and we want to extend this. We want to give some extra work to Doctor Hartwell, as he seems to be capable of it. The only apparatus of any amount is in the Charlestown high school,—cross bars, sliding poles, jumping jacks and a few things of this sort. The exercises which Mr. Roberts spoke about have been and are being carried out to quite an extent. I was in the Charlestown high school a few days ago and the teacher was putting the girls through these exercises."

Doctor Hartwell: "I should insist on having competent teachers. As a result of my observation I have come to the conclusion that the Swedish system is the best for ordinary school work and, up to a certain point, for the younger children. We talk about all these different systems, but I defy anyone to study gymnastics for five years and not adopt some features which are common to all. Mr. Roberts has shown

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you something which he has taken in part at least from the German and Swedish systems. If you have a limited amount of time and not a sufficient playground the Swedish system yields better results than the other. But I appreciate the German work and would not lay it all aside. The best system is the eclectic one."

Question: "How could you reckon results;—from the better ability to perform the gymnastic movements, or the increased ability to study, after the exercise?"

Doctor Hartwell: "We are at a disadvantage because we cannot get any statistics about the better physical condition of the children. We cannot get any reliable statistics because we cannot see the results in the children's bodies. We judge of the results because of the better manner in which they do things. A great many results are recognized in coördination. I like to observe how they sit, walk and march. The best of the masters and teachers see that these gymnastics should be translated into the everyday life of the school. We find that the children are getting to walk better and to sit straighter. It is necessary, in order to secure the best results, to reform the manner of writing and sitting. Gymnastics is found to be the best form of training to secure good discipline."

Doctor W. T. Talbot: "I think we all feel under great obligations to the officers of the section for working to render this evening so efficient. The subject has never been presented to the society in any thorough way before, nor one which we have all enjoyed, as we have this evening. I wish to move a vote of thanks to the gentlemen who have so kindly contributed to our enjoyment this evening." This was seconded and carried.

Doctor I. T. Talbot: "I do not think that our society is in the habit of taking hold of a thing and letting it go with a vote of thanks. It has always been our motto that if a thing was worth doing it was worth putting energy and decision into. I believe in physical training and suppose that we all do the same. But there is a great deal more in the growth and development of the child than in the simple physical training. Another thing is the feeding of children, which is of more importance than all the others. Our ancestors had physical training enough, yet they died of consumption and various disorders from the old pilgrim times; although they were out-of-doors and had physical exercise enough, yet death was in their very soup. When three grains of corn constituted a dinner, there was not very much muscular development in it. Those colonies had a death rate of sixty per one hundred. This society ought to take up the proper cultivation of the physical health of our children, and we have taken a step which should be carried still further and made more comprehensive and scientific. Led

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by such men as Doctor Hartwell and Mr. Roberts this work will go on to further perfection. Our society should endorse this movement, and I wish to present the following resolution":

"*Voted,* That the Boston Homœopathic Medical Society fully approves of the teaching of physical training in our public schools and recommends still more comprehensive, thorough and scientific instruction in this department."

By vote of the society the resolution was seconded and adopted.

Doctor Richardson: "I would like to inquire whether it would be feasible to establish in connection with the public schools one or more places where physical training may be carried out?"

Doctor Calderwood: "I think this could be done with the help of the physicians in Boston."

Doctor Hartwell: "The city might build good gymnasiums apart from the schools. But I want to see larger playgrounds and the schools so situated with regard to these playgrounds that they shall be the centre of the life of the children out of school hours. We should have more playgrounds and larger school yards. It is a sign of the times when Mayor Quincy puts into his inaugural address a plea for public baths to be open the year round. I think it would be a good plan to establish baths in connection with the schools as a means of trying the expediency of this plan. In Boston the children between five and fifteen years of age die faster than they do in London, Berlin, New York, Philadelphia, Baltimore or Washington. The time will come when we shall see that it is worth while to save these children's lives by proper attention to school and municipal hygiene."

Doctor Richardson: "I would move that a committee of five be appointed from this society to take such steps as may seem to them best to push forward the work of securing additional physical training in the schools, and to create, as far as possible, public sentiment in favor of such work." This was seconded and carried. The chair appointed the following physicians on this committee: S. H. Calderwood, Frank C. Richardson, J. Heber Smith, Frederick W. Halsey, F. L. Emerson. Doctor Briggs moved that a medico-legal section be formed in the society. It was also moved that its officers be appointed by the chair. This was seconded and carried, and Drs. I. T. Talbot, E. P. Colby and A. Boothby were appointed chairman, secretary and treasurer respectively. Meeting adjourned at 10.45 o'clock P. M.

J. Emmons Briggs, *Secretary.*

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GLEANINGS AND TRANSLATIONS.

——:o:——

THE DIETARY OF EUROPEAN PEASANTS.—Dr. A. Thurman in the *Anthropological Review*, published at Milan, gives an interesting summary of the dietetic habits of the rural populations of several European countries, as follows: —

Belgium.—Coffee, black bread, potatoes, vegetables, chicory, and sometimes *salaisons*.

Holland.—Black bread, butter, vegetables, fish, coffee.

England.—Beef, pork, potatoes, vegetable, tea, cheese, beer, cider.

Ireland.—Oatmeal bread, potatoes, milk, a little lard.

Scotland.—Oatmeal bread, potatoes, milk, butter, coffee, tea, very rarely flesh.

Pomerania.—Potatoes, milk, green vegetables, lard, flesh three times a week.

Rhenish Prussia.—Milk, soup, dried fish, potatoes, flesh for the feast days.

Saxony.—Bread, butter, cheese, soup, vegetables, coffee, flesh on feast days.

Bavaria.—Porridge, butter, milk, cabbage, potatoes.

Italy.—Macaroni, bread, fruits, beans, peas, and lentils, wheat, rice, wine, a little flesh on feast days, but only in certain regions.

Spain.—Bread, vegetables, fish, fruits, flesh as a luxury.

Russia.—Rye bread, cabbage, mushroom soup, wheat cooked with meat and oil.

Sweden.—Potatoes, rye, oatmeal, barley, milk, salt herring, beer, no flesh food.

Switzerland.—Cheese, milk, coffee, vegetables, soup, wine, rarely flesh.

Turkey.—Black bread, onions, *poireaux*.

France.—In the neighborhood of Bourgogne meat is eaten but once a year. The peasants of Morvan eat meat twice a year; the peasants of Sarthe, once a year; the peasants of Auvergne, five or six times a year; the Bretons, never, except rich farmers who eat flesh on fast days.

We see from this table that European peasants subsist almost wholly upon vegetable food, a regimen which is highly economical, and by which they are sustained in good health.—*Medical Argus.*

PERSONAL AND NEWS ITEMS.

——:o:——

DR. EDWARD DEARBORN STEVENS, class of '95 B. U. S. of M., has located at Francestown, New Hampshire.

DR. SYDNEY BARRINGTON ELLIOT, formerly of Louisville, Kentucky, has located at No. 204 Huntington Avenue, Boston.

DR. CHARLES D. G. MACK, class of '95 B. U. S. of M., has returned from McKeesport, Pennsylvania, where he was located for a time, and resumed practice at 92 White St., East Boston.

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TRANSPORTATION COMMITTEE BULLETIN NO. 1.

THE NEXT MEETING of the American Institute of Homœopathy will be held in Detroit, Mich., from Wednesday, June 17, to Thursday, June 25. The Materia Medica Conference, which promises to be a most interesting feature, will convene on Tuesday, June 16, at 3 P. M. All interested in Materia Medica should be present.

There is every prospect that the usual rate of a fare and a third for the round trip will be allowed by the traffic associations. The Joint Traffic Association which resulted from the consolidation of the Central Traffic Association and the Trunk Line Association, now controls all the territory between New York and Chicago. This association goes into effect Feb. 1, provided an injunction against its legality, brought by the Attorney-General, is not sustained. In the latter case no one can tell what the outcome may be.

At the rate of a fare and a third, or regular convention rates, the fares from some of our principal points would be approximately: New York $18.00, Boston $22.65, Philadelphia, Washington and Baltimore $19.00, Chicago $10.33, St. Louis $17.33 and Kansas City $25.33.

The time from New York and Philadelphia is approximately 18 hours, from Boston 20 hours, Chicago 8 hours, St. Louis 14 hours and Kansas City 23 hours.

Detroit is very centrally situated, is quite a railroad centre and is very easily reached. From New York one may take one of no less than 15 routes, and in the west, especially at the time of the meeting, all roads should lead to Detroit.

The Michigan Central road and its branches cover most of the territory in the state of Michigan, as well as offering unexceptional facilities from Buffalo and Chicago. Michigan is credited with some 500 homœopathic physicians, certainly 75 per cent of these should be present at the meeting in Detroit.

The Chicago and Alton and the Union Pacific roads which treated the Institute so royally at the time of the Denver meeting, should not be overlooked by our western friends, nor should the Chicago and Northwestern be forgotten by our Northwestern delegates.

The Lehigh Valley road offers a specially fine service for our Washington, Baltimore and Philadelphia members. It runs in connection with the Grand Trunk railway of Canada which also covers points as far east as Boston and as far west as Chicago.

The committee is constantly at work to obtain the best accommodations for the greatest number at the best possible rates, and monthly bulletins will keep the profession posted as to best routes, train services and all railroad matters influencing the meeting. A large attendance should be present.

W. A. DEWEY, M. D., Chairman, 170 W. 54th St., N. Y.

OBITUARY.

—:o:—

DR. LEWIS WHITING, who died at his home in Conant, Florida, on Sunday, Dec. 29, '95, was born in Hanover, Mass., Jan. 24, 1832. At the opening of the war he was attending medical lectures at Bellevue Medical College, New York. From there he enlisted in the navy as surgeon's steward, and was assigned to the Gulf squadron under Farragut. After serving two years he resigned, and returned to New York, and graduated from the New York Homœopathic Medical College.

He settled in Danvers in 1865, being one of the first homœopathic physicians in the county, having a successful practice until 1890, when he was obliged to give up on account of his health, since which time he has resided in Florida.

He was a charter member of Danvers Lodge of Odd Fellows, being a past noble grand, and was a trustee for years. He was a charter member of Waukowan Tribe of Red Men and a member of Danvers Lodge, Knights of Honor. He was an honorary member of the Massachusetts Homœopathic Medical Society, having belonged for over twenty-five years, a member of the Essex County Homœopathic Medical Society and of the Hahnemann Club of Boston.

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It may seem a startling statement to assert that the problem of eliminating the deleterious substances from all liquors, which has remained a mystery for centuries, has not been practically solved, but the following statement of facts can be proved, and we shall be glad to have further correspondence with any physician who will investigate the matter analytically, microscopically, or otherwise. With all the attendant evils caused by the poisonous impurity of commercial whiskey, brandy, etc., the benefits derived from their use have been fully recognized by the profession, and as every physician is called upon at times to prescribe the use of liquors, it follows that only the purest brands should be used.

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The Treatment of Influenza or La Grippe.

—:—

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence; and "trusts the rest to nature."

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx.
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very seven one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia & Quinine Tablets, No. xxx.
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

℞ Antikamnia & Salol Tablets, No. xxx.
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia & Codeine Tablets, No. xxx.
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

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THE

NEW-ENGLAND MEDICAL GAZETTE.

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COMMUNICATIONS.

—:o:—

AM I AN ORIFICIALIST?

BY T. L. MACDONALD, M. D., WASHINGTON, D. C.

Happening recently to glance through an issue of the *New England Medical Gazette*, dated some months back, I find it there stated that I am an orificialist. If that means that I believe in *rectal and gynecic surgery* as a *part of our modern surgical scheme*, and that associated phenomena may be reflex, then I am an orificialist. If it means that I believe atrophy* is as bad as hypertrophy, or that there is such a thing as atrophy of the lower rectal inch, or if so, that it justifies removal; if it means that I am afraid to pinch a tissue with a ligature and that a stitch which pinches it just as much should be substituted; or that I believe in the removal of the rectal papillæ which are the normal rectal valves; that I would remove the lower inch of the bowel *except when it is diseased;* if it means that I believe anal dilatation is the only procedure necessary in anæsthetic emergencies, or that I believe it flushes the capillaries, or that it exercises an invariable and profound influence upon respiration; or that I believe the contractility of the sphincter is responsible for pathological nerve waste,—especially in "atrophied" tissues,—then I must in all honesty state that I am not an orificialist.

I would not have it inferred that I have any personal enmity toward orificialists—I don't dislike them at all. Some of them are dear friends of mine and I love them. One may love a friend, but dislike his theories; one may hate cerebral dislocation, but he doesn't hate the patient who is suffering therefrom, and hence am I emboldened to state that I am not a friend to accentuated orificialism in general.

Sphincteric "nerve waste." We have heard a great deal about

*The word atrophy as here employed is not intended to include sclerosed or cicatrized tissue.

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the system at large suffering because of the nerve expenditure necessary to maintain the sphincteric tone, and the pressure it makes upon the tissue within its grasp. If this is true—and I don't say it isn't, I merely say that I don't believe it—the almost endless yards of circular contractility of the vascular system, likewise controlled by the sympathetic system and maintained at a certain degree of tension during life, should also be attended with pathological nerve waste. Why is our attention not called to the prodigal nerve waste perpetually going on here? Somebody may, as soon as he can fit the theory to a surgical operation, or *vice versa.* As a physiologist, I would like to know how much more nerve waste there is associated with the poor sphincter ani than in the yards of tireless vascular walls which, so far as their function is concerned might be regarded as elongated sphincters. It might occur to some that it is absurd to talk of the wonderfully intricate mechanism of the sphincter, and what a far-reaching influence it has upon the general economy, because it is nothing as compared to the delicacy and unfathomableness of the vascular system. And yet the latter is never accused of nerve waste; but the sphincter ani *which has the additional support of the cerebro-spinal system* is the apparatus which is accused of neural prodigality. As a homely fact, it would appear that there is much more grayless nerve waste in the sphincter oris which promulgates such a theory. Why are we not told of the nerve force wasted by the great general muscular system? Tonicity is not confined alone to circular muscles, as is shown by the way a severed tendon glides away from our sight into its sheath. But there are no operations suggested to relieve this, except in the case of contracted tendons which have no analogue in the unoperated or non-sclerotic sphincter.

My contention is, not that there never is such a thing as over-contractility of the sphincter, but that it occurs with such infrequency as to be entirely out of proportion to the number of rectums operated for such supposed lesions. One thing is certain; if this sphincter grasp is productive of as much pathology as the temper of the times would seem to indicate, it is still quite amenable to treatment. The growing army of perpetually napkined patients in this country bears forceful but repulsive testimony to the fact that *ante-operative overtone of the sphincter can be cured.*

Does stretching the anal sphincters flush the capillaries? If anywhere or ever, I am unfamiliar with the exact date or place. I don't say it isn't so; I merely remark that I don't believe it, and here are some of my reasons: I have dilated sphincters time and again, with and without anæsthetics, and I have never seen the slightest evidence that the capillaries were flushed thereby,

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neither could my assistants. If it is so, I ought to be able to perceive it once in a while, since it has become so proverbial with others. If men will do a little thinking for themselves, they will hesitate to believe that the vascular system is to be dictated to by the poor abused sphincter, and yet I have heard one after another talk of thus flushing the capillaries as though it had become an established fact. It is far more likely that the contraction of the sphincter is dependent upon or controlled by the circulation. I have noticed in cases of threatening respiratory or circulatory failure, when the vascular system lets go its grip as it were, that the sphincter is toneless—just the time, too, when one would give half his fortune for sphincteric tone with which to produce a respiratory gasp. But that's just the time the effort is fruitless. My anæsthetist takes notes. Fifteen per cent of our patients won't even give a respiratory response to anal stretching, not to speak of circulatory; and many of the remaining patients yield only a partial response. A large proportion of those who do respond, do so while the breathing is all right (as well as the circulation) without the aid of the stretching.

In so far as sphincter stretching can affect the respiration, it may be expected to have some influence upon circulation, but only to that extent. The more I study and try this procedure, the less faith I have in it. In numerous instances of collapse from anæsthetics I have found the sphincter toneless, and stretching it was like stretching a hole in putty; but after a few minutes of artificial respiration which improved the oxygenation and thereby quickened the blood currents, the sphincter regained its tone. *After* the patient is resuscitated, he will sometimes respond to anal dilatation. These observations show how little influence sphincteric function has upon circulation and how much the latter has upon the former.

Even my obtunded senses have often become aware of the fact that a touch, an odor, a fleeting thought, a memory, has flushed the capillaries—not theoretically, but demonstrably—and yet never have I seen this grand and intricate vascular apparatus moved by rectal interference. I don't say it never does, but I have never seen it.

Removal of the lower rectal inch. Doctor Martin's efforts to establish the actual status of the so-called American operation, are commendable, but will, I fear, be more or less ineffectual, for many do not like to publish their bad results in this branch of surgery, and "small blame to them!" For bad results in rectal surgery are so much worse than bad results in other structures. Personally, I have abandoned the operation except in an occasional case which is so bad that one is justified in taking the risks of subsequent rectal imperfections. I had

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done this long before my friend Doctor Green published similar statements, although this is not an inference that I recognized the necessity for so doing before or even as early as he did. I have tried the different stitches to hold the mucous membrane in place, and am as well pleased with the staple suture, to which my attention was first called by Doctor Shears, as with any other, but none of them are satisfactory. The upper end of the mucous membrane may be coapted to the skin with the utmost nicety—the operation is beautiful to look at, but in spite of all, the involuntary movements of the sphincter interfere with union and the constant upward strain of the bowel will cause the sutures to cut through the mucous membrane in a large proportion of cases, and not only is primary healing impossible, but secondary as well. Many times the intrasphincteric area cannot ever be made to heal, and the best that can be expected is that after months or years of annoying and distressing moisture or leakage, the denuded area becomes covered with a pseudo-membrane which is very likely to be too *excretive*. I have had such results myself and have also seen them in patients treated by much better operators.

In the consideration of this operation—which has its merits when indicated— its demerits are not given sufficient prominence. It is astonishing how little the novice in general knows of its disasters. There are a great many successes reported, but the *recorded* failures and instances of destroyed or impaired rectal function are notably lacking, although napkins cover a multitude of—surgical sins. Some of the reasons for these bad results are presented so well and timely by Doctor Green that they should become a part of our surgical classics. The following quotation is from his tireless pen:

"The nerve supply of the rectum is derived from the sympathetic system. The plexuses (secondary plexuses) from which the terminal filaments that supply the mucous membrane are given off, lie between the muscular and mucous coats. When a total excision, either Whitehead's or Pratt's operation, is performed, not only the terminal fibres are removed, but the plexuses and their ganglia are obliterated; in this way the normal sensations are destroyed and functional activity is more or less impaired. The afferent transmissions being obliterated the efferent impulses or reciprocal muscular action does not follow, therefore the frequency with which fecal incontinence occurs after excision, especially where diarrhœa or a loose condition of the bowels exists. Some patients, after excision, instead of feeling the normal sensation for or from a movement of the bowels, experience the most agonizing colicky pains. This is owing to the fact that other nerves that have a totally

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different function occupy the anal region and abnormal sensations are transmitted to the brain. It is seldom that a patient who has submitted to the American operation retains control of watery actions from the bowels; they seldom know from natural sensations that such stools are passing, though they may be cognizant of the passage of solid substances. For this reason and many others total excision should be avoided when possible. Were it not for the fact that when properly indicated, this operation is done for lesions that give great discomfort and pain, which far overshadow minor evil consequences, there would be much more complaint from its bad results than there is."

Doctor Spalding is right. The removal of the lower rectal inch is justifiable only when such inch is diseased, and then not always. I do not deny that remote lesions have been influenced and even effaced by resort to rectal procedures, but under no circumstances do I attribute such results to the removal of the lower inch of the normal rectum, or even of the so-called "atrophied" or "anæmic inch." We have all witnessed with delight the disappearance of abdominal growths, vertiginous, gastric and neural phenomena after certain abdominal operations in which no tissue was removed. Are we therefore justified in advising abdominal section for the cure of all ills? Manifestly not. And yet these results would seem to suggest that the surgeon who is in search of the "spiritual man" or the "anatomy of the soul" is just as likely to find it in the abdominal cavity as in the rectum. I don't say that it is so, but it looks fairly reasonable.

No matter how well established a surgical procedure has become, it is on the road to condemnation as soon as its advocates attempt to demonstrate its universal applicability, or anything like it.

It sounds well to talk of applying general surgical principles to the rectum, but they should be applied with especial reference to the fact that tissues are being dealt with which rebel against coaptation, which cannot be put in splints during the period of repair, that permanent functional impairment is more frequent than is generally believed, and that such impairment or destruction of function may (and does) doom the patient to a life of helpless, hopeless, ceaseless and repulsive fecal contact. In reply to this may come the oft-repeated statement that such results occur only with the inexperienced and unskilful. This would *appear* to be true, but as a matter of fact it is among those who are notably experienced in this work, that such dire consequences are most frequently found. There is no denying this. It is probably due to the fact that they operate such cases so much more frequently than others, and consequently take more

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chances. It may also be urged, as it usually is, that these statements emanate from one who knows nothing about the subject —one who has never investigated it. If I may be pardoned the personal allusion, I have a fair degree of clinical familiarity with this subject and I confess my results have not been what I could wish. Nor do I stand alone. One of the best general surgeons in this country told me that he was nearly ruined by his results. Another surgeon,—and a good one too—informed me that a member of his own family wears a napkin constantly; and still another that Heaven was kind to him and removed by death a fecal incontinent who was a source of perpetual humiliation to him. It is not necessary to interview all the surgeons to know that they have similar results; for their patients appear to us from time to time, and while we learn a lesson from their plight, we should be charitable, for no surgeon's results are always ideal. There is no structure in the human body which, by reason of its function, offers greater objections to operation, and consequently the custom of promulgating beautiful and specious theories to justify frequent operation upon this area, cannot but be regarded as evidence of dangerous surgical enthusiasm. I can much more readily forgive the man who is overfond of removing ovaries, testicles, turbinates, or of trephining, etc., than this endless interference with rectums to which the patient's attention has never been called by symptoms. It is a matter of the deepest regret that this should be the site of enthusiastic selection when it possesses not only the most superlative structural and functional contra-indications, but the strongest civil and social contra-indications as well. It may be excusable to operate here for tangible local lesions, but let us have surgical indications for the surgery done by surgeons and let us remember that such indications are not found outside the domain of materiality.

THE KÖNIG-MAAS METHOD OF RESTORING PERSONS APPARENTLY DEAD FROM CHLOROFORM. — The operator standing on the left side of the patient and facing him, places the ball of the thumb of the opened right hand upon the patient's chest, at a point between the apex beat and the sternum. He then repeatedly presses in the thoracic wall with a quick, strong movement, at the rate of thirty to one hundred and twenty times to the minute.

There can be no doubt that the efficacy of the König-Maas method lies in its direct action on the heart, restoring not the respiration only, but the circulation also. If on a fresh cadaver the precordium be quickly and forcibly compressed, it is easy to detect a distinct pulse wave in the carotid arteries; and the pupils will be found to contract as the blood fills the capillaries of the iris. — LEEDHAM-GREEN, *Birmingham Med. Rev.*

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IN DEFENCE OF VIVISECTION.

On account of the attacks which have been made on vivisection within the past few months, the following "STATEMENT IN BEHALF OF SCIENCE" is of exceptional interest:

Boston, Feb. 24, 1896.

The sciences which have to do with animal experimentation are physiology, physiological chemistry, pharmacology, medical chemistry, toxicology, morphology — including anatomy and embryology—bacteriology, pathology, medicine and surgery. These sciences are largely represented in this country by the American Physiological Society, the American Society of Morphologists, the American Anatomical Society, the American Society of Naturalists, the American Society of Physicians and the American Society of Surgeons.

In December last the presidents of the above societies were invited to appoint members of a joint committee to sit in Philadelphia on the occasion of the annual meeting in that city of several of these associations. The accompanying "statement in behalf of science" was adopted by this joint committee of 34 members, and is now published over their signatures, with the addition of several names of persons specially qualified to speak on the subject, but not members of the committee. It sets forth the importance of animal experimentation for the advancement of medicine, and may be accepted as an authoritative expression of expert opinion on this question.

CHARLES W. ELIOT,
President of Harvard University.

FRANCIS A. WALKER,
President of the Massachusetts Institute of Technology.

FRANK K. PADDOCK,
President of the Massachusetts Medical Society.

So long ago as the autumn of 1866 there were published in New York denunciations of the practice of making upon living animals those scientific observations and experiments which are commonly called vivisections. During the following 29 years there have appeared from time to time, at one or another place, similar denunciations, more or less sweeping and violent. Of these some condemn vivisection altogether, and others in various of its phases. Some call for its total abolition, and others for its material restrictions. Some are labored essays, and others are brief "tracts" or "leaflets," intended more easily to arrest the attention. Most of these publications, however, have this in common, that they seek to fortify argument with strenuous appeals to emotion; and in some the tone of invective

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rises to a shrillness little short of frantic. In these publications, too, there often figure extracts from scientific writings, and, in many cases, these extracts are so garbled that only ignorant or reckless animosity could be accepted in excuse for their seeming bad faith.

During the past 29 years these attacks have but little disturbed the calm of biology and medicine in this country; but, from time to time, it has seemed wise to take some notice of them, inasmuch as the common sense of some members of a changing community is liable to be led astray as to a subject which is largely technical in its nature. The following statement, therefore, is added to its predecessors. Its signers, however, are well aware that they can hardly hope to make any statement or to draw any conclusion which some anti-vivisectionist agitator will not promptly denounce as false or immoral.

Science is simply common knowledge made precise, extended and transmitted from generation to generation of trained observers and reasoners. The biological sciences study in the most varied ways the bodies and the lives of men, of animals and of plants. The applied sciences utilize knowledge thus obtained for the everyday good of mankind; and one of these applied sciences, medicine, brings biological discoveries to bear upon the prevention and cure of disease and injury. As experience grows incessantly, the fact which has been laboriously established with no other thought than the noble one of advancing knowledge may be applied, the next day or the next century, in the most practical way by some inventor or physician; and, in the application, new facts may come to light which will markedly extend the boundaries of knowledge.

Therefore, in the slowly woven fabric of achievement, pure science and applied science, biology and medicine, have always been warp and woof. Let either be destroyed, man's life shall go threadbare.

To show this, a few out of many striking examples may suffice.

Not very long ago the red clover was imported into a British colony to which it was not native. The plant throve, when planted; but its flowers set no seeds, so that fresh seed had to be brought from the mother country. The disappointed farmers consulted people who had given up their time to the study of plants and insects—botanists, and "bug hunters," in fact. Pure science told the practical farmers that the long-billed bumble-bees which sucked honey in every English clover field also carried pollen from flower to flower, and thus fertilized the plants, and that it was useless to try for crops of imported red clover unless bumble-bees were imported also.

No less enlightening is the history of one of the greatest and

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most modern of the developments of science. Near the end of the last century Dr. Galvani, an Italian professor of anatomy, set himself to investigate the cause of a newly discovered fact; namely, that the muscles of the legs of freshly killed frogs jerked forcibly when their nerves were worked upon by the taking of a spark from an electrical machine. This investigation, which does not sound momentous, he undertook "in order to discover the hidden properties" of the nerves and muscles, "and to treat their disease more certainly." To the jerks of Galvani's frogs' legs we owe the discovery of the galvanic battery and current, which are named after him; the telegraph and ocean cable, with their immense influence upon civilized life in peace and war; the transfer to miles of distance of the vast working power of Niagara Falls. It is a fitting, if slight, dramatic touch that the traveller in Italy, who passes the night at Bologna, where Galvani worked and taught, will, perhaps, put up at a hotel directly opposite the professor's modest house, and will see that the tablet which records the experiments made within is lighted up at evening by the electric light, which also owes its existence to a search for the hidden "properties" of frogs' legs.

Two hundred years ago there lived at Delft, in Holland, a well-to-do Dutchman, named Antony Van Leeuwenhoek. He had been a "dry goods clerk" in his youth, and had had no learned or professional training. Van Leeuwenhoek took to making and polishing, for his own use, very small and very strong magnifying glasses, because he was full of what some anti-vivisectionists sneer at as "scientific curiosity." The Dutchman's glasses were very superior, and with them he looked at the most miscellaneous things—among these at ditch water and at particles from the surface of his own teeth. He found that such matters were swarming with living things of many kinds, and described them and other things so well that he became famous; and princes, who were not ashamed to be interested in "mere science," sent for him and his glasses to instruct them.

Among Van Leeuwenhoek's discoveries were the minute things now called bacteria, or microbes, and known to be living plants. The physicians were prompt to guess that diseases might be due to the ravages of the new forms of microscopic life first seen with decisive clearness by Van Leeuwenhoek; but no proof of this was forthcoming, and the idea was abandoned by most, amid the laughter of many at this fad of the doctors. More than a century went by. The bacteria, as objects of pure science, were more and more studied. The microscope was bettered more and more from the simple magnifying glass of Van Leeuwenhoek. With the advance of chemistry and of

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other sciences, all known means of studying minute living things became greatly improved, and now the idea that many diseases were caused by minute living things was taken up afresh and carried to triumphant demonstration by a number of medical men and biologists—among the latter by Pasteur, whose recent loss is mourned by the world, and whom an eminent American humanitarian sneered at, not many years ago, as an "obscure druggist."

The proof that many diseases are caused each by a particular kind of microbe was obtained by vivisection; for the proof consisted in inoculating animals with the special microbe in question, to the practical exclusion of others, and noting that the animals took the disease, perhaps died of it. As some only of the results of the knowledge thus gained by experiment upon animals, it may be noted that the prevention of cholera has been made more certain, and that great numbers of patients, largely children, have been saved from death by the anti-toxine treatment of diphtheria. But every child thus saved to-day owes his life, not only to medicine, but to biology; not only to the observations and vivisections of Klebs and Loeffler and Koch and Pasteur and others, but to the "mere scientific curiosity" of that old lens polisher of Delft, who spent time in prying into ditch water and particles from the surface of teeth.

Early in the last century, at a country parsonage in England, there worked a pious and gifted man, Rev. Stephen Hales, D. D., rector of Farringdon, in Hampshire. Dr. Hales achieved the uncommon distinction of becoming both an excellent clergyman and a famous biologist. Nor was it to any easy branch of observation that he gave such time as he could spare, but to difficult themes of experimental physiology, both vegetable and animal. He studied, among other things, the pressure of sap in plants and the pressure of the blood in the vessels of animals. In order to investigate the blood pressure, he did a number of indispensable vivisections upon horses, sheep and dogs. Each animal was tied down, an artery was opened and connected with a pressure gauge, and the true pressures and their variations were for the first time properly observed and recorded. No doubt, had it been possible, the excellent Hales would have drugged his animals to quiet their pain, but modern methods for this purpose were not discovered until long afterward, so that in those days both man and beast faced the surgeon's knife without such relief as they afford. By the work of Hales our knowledge of the circulation of the blood, which his famous compatriot, Harvey, had discovered, received an essential addition; nor is there reason to suppose that Hales ever doubted the morality of the proceedings by which he satisfied his "scientific curiosity." Were he to return to life and to

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repeat his experiments, even with all modern improvements, he certainly would be surprised at the reception he would meet with in some quarters.

Since the time of Hales those changes in the blood pressure have carefully been studied which are produced in various states of the system and by various drugs. More than a century after Hales some vivisections were performed by Mr. Arthur Gamgee, to test the effect upon the blood pressure of a certain volatile chemical—the nitrite of amyl. It was found that the pressure appeared to be greatly lessened by this drug. Some of these experiments were witnessed by Dr. T. Lauder Brunton, at that time resident physician to the Royal Infirmary of Edinburgh, and now an eminent medical practitioner and professor in London. During the winter of 1866–67 there were in the wards of the infirmary several patients who suffered from the disorder called breast-pang, or angina pectoris, which is characterized by paroxysms of hard breathing and terrible pain over the heart. In observing these cases, Dr. Brunton saw reason to think that the attack was accompanied by a high blood pressure in the arteries. He remembered the vivisections in which he had seen the effects upon the arterial pressure of the nitrite of amyl. He caused his patients to inhale a few drops of the volatile drug. The pain generally disappeared; and the nitrite of amyl became very soon a recognized agent for the relief of one of the most acute forms of human suffering.

Every victim of angina, who carries this drug about with him for use at any moment, owes his exemption, first, to the scientific physician; second to the pharmacologist—that is, the scientific student of the action of drugs, who, for the good of man, sacrificed animals in studying the effect of drugs upon the blood pressure; and, third, to the clergyman and physiologist, Hales, who a century before had given some pain to animals in studying the science of the circulation, apart from any direct application to the cure of human ailments. Nor is this all; for the experiments of Hales were based upon the knowledge acquired through vivisection by the physician Harvey, who by this means settled much relating to the motions of the heart and blood in animals—which settlement, in turn, depended upon the work of the famous Greek physician, Galen, who 17 centuries ago proved by vivisections, against his professional opponents, that blood is naturally contained in the arteries.

Of the numerous improvements in practical medicine and surgery which are the outcome of experiments upon living animals we could not speak at length without expanding a brief statement into a book. We will instance further only the vivisections by which, at the time of the Napoleonic wars, Dr. J. F. D. Jones ascertained the proper way to tie a wounded artery,

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and thereby afforded the means to military and civil practice of saving very numerous patients from bleeding to death; the experiments of the still living surgeon, Sir Joseph Lister, as the result of which surgery has been revolutionized in our own day; the quite recent vivisections, as the result of which the cure of the disease called myxœdema has been discovered, which cure consists in the administration or transplantation of the thyroid gland, and the vivisections in the 17th century relating to the transfusion of blood, as the result of which women in child-bed have repeatedly been rescued from impending death from "flooding after delivery."

Experience shows, therefore, that it is impossible to disentangle pure science from applied science; that vital human interests are benefited by "scientific curiosity," as well as by work more directly practical; and that this general law holds good for those sciences, pure and applied, which deal with man as such and with the other living things upon the earth. Without physiology, pathology, and their allies, which investigate the laws of life by experiments upon living creatures, practical medicine would be in worse than mediæval plight; for before the middle ages the genius of the Greeks had inaugurated the practice of experimental physiology, with results of value for all time.

Therefore, the use of animals by mankind for scientific purposes takes its place beside those other uses of them for the good of man which involve imprisonment, enforced labor, death, and, in some cases, suffering. That society asserts with practical unanimity the right to kill and inflict pain upon animals for its own purposes is shown by the legal view of cruelty as the unjustifiable infliction of suffering. Were every infliction of pain as such punishable as cruel, the painful operations, for instance, required to make animals docile, or to fit them to be food, would be abolished. In every great civilized country these operations of the farmyard aggregate millions in each year.

Happily, of the various procedures known collectively as vivisections, many are painless; in others the suffering is trivial, whether the animal be killed or remain alive; and in the great majority of the rest some drug may be given to quiet pain, or insensibility may be produced by sudden operation. There remains, however, a limited proportion of cases which may be of great importance, where the results of experiment would be endangered by any means that could be taken against suffering. In these cases the animal must suffer, though often far less than would be supposed, for the benefit of man, as does the gelded horse or the wounded game.

Common sense requires, therefore, that investigations in

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biology and medicine shall proceed, at the expense, when necessary, of the death and suffering of animals. If these sciences are not to be extinguished, they must be transmitted from generation to generation; they must be taught, and, like all the other natural or physical sciences, they must, at institutions of the higher learning, be taught by demonstration. No one would think favorably of a student of chemistry who had never handled a test-tube, or of a student of electricity who had never set up a battery. The young astronomer sees the stars and planets themselves through the telescope. So do serious students of biology or medicine see for themselves the structure of the body, see for themselves the workings of that structure through the experiments of the physiological or pathological laboratory or lecture room, just as, if medical students, they see disease in the wards of hospitals, and look on or assist at the surgical operations performed upon men, women and children. No models and pictures can replace such teaching. From this last fact there is no escape. It is rooted in the constitution of the human mind. No mother would knowingly allow her children to ride behind a locomotive engineer who had never seen the workings of an actual engine. Surely, the physician who does his best to guide the living mechanism along the path of safety should be taught its natural workings as exactly and as fully as possible; otherwise he may not understand its workings in disease.

Happily, the cases where the animals seen at demonstrations must undergo more than brief or trivial pain are even rarer than in cases of pure research. In the very great majority of demonstrations the creatures can be kept free of pain until they are killed. As to whether or no, under given circumstances of research or teaching, an experiment involving pain should be performed is a matter which should rest with the responsible expert by whom, or under whose direction, the thing would be done. Otherwise, in a matter involving the interest of the community, those who know would be directed by those who do not know. For any experiment improperly conducted the person responsible is liable under the general laws against the maltreatment of animals. In fact, American biologists and physicians are no more inclined than other members of the community to culpable negligence toward their fellow creatures. The work of science goes on, but those who are responsible desire, and see to it, that the work is painless, so far as admissible. No intelligent man or woman should give heed to the denunciations of those few ill-informed or headstrong persons who have been drawn into one of the least wise of the agitations which beset modern society.

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AN OPEN LETTER: A CORRECTION.

To the Editor of the New England Medical Gazette:

Sir:—Will you please correct a mistake which I have just been informed that I made in my presidential address delivered before the Boston Homœopathic Medical Society at its annual meeting in January, and published in the January number of the *Gazette.* In speaking of the recent establishment by our state legislature, of the new *Massachusetts Hospital for Consumptives and Tubercular Diseases,* I gave the credit of the successful amendment requiring the trustees to provide homœopathic treatment for those who desired it entirely to lay homœopathists in our legislature, as was generally understood, and added: "I have yet to learn of one homœopathic physician who knew the first thing about the attempt to establish such a hospital, until quite a while after its consummation had been effected."

I am now informed that the greatest credit for securing our method of treatment in this new state institution belongs to our colleague, Dr. G. E. White, of Sandwich, Mass., who was a member of our legislature in 1894 and 1895, and who worked vigorously and effectively in this cause. He was last year a member of the committee on public charitable institutions, and also (with four allopathic physicians) a member of the committee on health, in which position he had excellent opportunity for work. I am also informed, and have good reason to believe, that without his faithful efforts and devotion to our cause, we should have had no representation in this institution. I am very happy to make this correction of a statement, which, after many inquiries, I had thought to be true. Yours respectfully,

HERBERT C. CLAPP.

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REPORT OF OPERATIONS PERFORMED AT THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL DURING THE QUARTER ENDING JANUARY 1st, 1896. SERVICE OF HORACE PACKARD, M. D.

REPORTED BY ASSISTANT SURGEON J. EMMONS BRIGGS, M. D.

Cases.	Operations Performed.	No. of Operations.	Cured.	Relieved.	Not Relieved.	Suppuration.	No Suppuration.	Convalescent.	Died.
Abscess	Nephrotomy { Origin obscure, later located in Iliac Fossa	1			1	1			
Abscess of axilla	Opened and curetted	1	1			1			
Abscess of back	Opened and curetted	1				1		1	
Abscess of neck	Opened and curetted	1	1			1			
Abscess, pelvic	Drained per vaginam	1		1		1			
Abscess, septic	Opened and curetted	4				4		4	
Adenoids	Curetted	1	1				1		
Appendicitis	Laparotomy	4	2			2	2	2	
Bubo	Opened and curetted	1	1			1			
Carcinoma of uterus	Laparotomy	2				1	1	1	1
Carcinoma of uterus	Vaginal hysterectomy	2	1				2	1	
Cystocele	Anterior colporrhaphy	3	2				3	1	
Dislocation of vertebræ,	Reduced and plaster-of-paris jacket applied	1					1	1	
Dysmenorrhœa	Dilatation of cervix	6	3	2			6	1	
Dysuria	Dilatation of urethra	2		2			2		
Endometritis	Curetted	15	13	1			15	1	
Enlarged prostate	Castration	1					1	1	
Enlarged prostate	Sounds passed	1		1			1		
Epithelioma of uterus	Vaginal hysterectomy	2	1				2	1	
Fissure in ano	Dilated rectum and incised	2	2			2			
Fistula in ano	Opened and curetted	2	2			2			
Fistula, perineal	Opened and curetted	1				1		1	
Fistula, ischio-rectal	Opened and curetted	1				1		1	
Fistula, utero-vaginal	Amputation of cervix	1	1				1		
Floating cartilage in knee-joint		1	1				1		
Fracture of coccyx	Coccyx resected	1	1			1			
Fracture radius and ulna,	Reduced (Levis's splint)	1	1				1		
Fracture tibia and fibula,	Reduced (Levis's and silicate of soda splints)	1	1				1		
Fracture skull and depression	Trephining	1					1	1	
Flat-foot	Support for arch	1		1			1		
Gall stones	Cholecystotomy	1	1			sl'gt			
Ganglion of knee	Incision	1					1	1	
Ganglion of wrist	Incision	1			1		1	1	
Hæmaturia	Nephrotomy	1				1		1	
Hæmaturia	Supra-pubic cystotomy	1				sl'gt		1	
Hæmatocele	Drained per vaginam	1				sl'gt		1	
Hemorrhoids	Removed by clamp and cautery	9	9				9		
Hernia, inguinal	Herniotomy	2	2			1	1		
Hernia, umbilical	Herniotomy	1	1				1		
Imperforate hymen	Incised	1					1	1	
Laceration of cervix	Trachelorrhaphy	18	17				18	1	
Morbus coxarius	Excision of hip-joint	1				1		1	
Morbus coxarius	Thomas's splint	1					1	1	
Nævus of ear	Ligated	1	1				1		
Nævus of shoulder	Thermo-cautery	1	1				1		
Necrosis bodies of dorsal vertebræ	Plaster-of-Paris jacket	1		1			1		
Necrosis of humerus	Amp. at shoulder-joint	1				1		1	
Necrosis of femur	Sequestrotomy	1				1		1	
Necrosis of tibia (stump)	Re-amputation	1	1			sl'gt			
Necrosis of tarsus	Chopart's amputation	1	1				1		

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Cases.	Operations Performed.	No. of Operations.	Cured.	Relieved.	Not Relieved.	Suppuration.	No Suppuration.	Convalescent.	Died.
Neuralgia	Resection of fifth nerve	1	1				1		
Osteo-myelitis	Incision	1				1		1	
Phimosis	Circumcision	4	2				4	2	
Phlebitis (traumatic)	Excision of veins	1					1	1	
Procidentia	Vaginal hysterectomy	1				1		1	
Procidentia	Vaginal operation	2	1				2	1	
Prolapsus of rectum	Thermo-cautery	1		1			1		
Pyo-nephritis	Nephrectomy	1			1	1			
Pyo-salpinx	Laparotomy	3				2	1	2	1
Rectocele	Posterior colporrhaphy	2	1				2	1	
Retroversion of uterus	Uterus reposed, pessary	1					1	1	
Ruptured perineum	Perineorrhaphy	21	19				21	2	
Salpingitis	Laparotomy	1					1	1	
Salpingitis	Extirpated per vaginam with uterus	1	1				1		
Sinus (congenital sacral)	Opened and curetted	2	2				2		
Stone in the bladder	Bigelow's method	1	1				1		
Stricture of rectum	Dilated	1			1		1		
Stricture of urethra and cystitis	Dilated	1					1	1	
Tonsillar hypertrophy	Tonsillotomy	4	4				4		
Traumatisms:									
Contusion of hip	Rest and extension	1		1			1		
Punctured wound of hand	Dilated wound	1	1			sl'gt			
Tuberculosis of cervical glands	Excised	2	1				2	1	
Tuberculosis of tarsus	Amputation	2	2			sl'gt	1		
Tumors:									
Carcinoma of breast	Extirpation	6	6				6		
Cysts of breast	Extirpation	2	1				2	1	
Cysts of ovary	Laparotomy	3	3				3		
Cysts of ovary	Per vaginam	4	4				4		
Fibroma of breast	Extirpated	3	2				3	1	
Fibroid of uterus	Laparotomy	2	2				2		
Fibroid of uterus	Uterus curetted	1		1			1		
Fibroid of uterus	Removed with ecraseur	3	3				3		
Lipoma of shoulder	Extirpated	1	1				1		
Osteoma of septum	Extirpated	1	1				1		
Sarcoma of breast	Extirpated	1	1			sl'gt			
Sarcoma of cheek	Extirpated	3	1				1		
Sarcoma inf. maxilla	Extirpation of inf. maxilla	1	1			1			
Sarcoma of neck	Extirpated	1	1			1			
Sarcoma sup. maxilla,	Extirpation of sup. maxilla,	1	1			sl'gt			
Ulcer of leg	Skin grafted	1	1			1			
Urethral caruncle	Extirpated	3	3				3		
Vaginismus	Lateral incision of perineum	1		1			1		
Wen of back	Extirpated	1	1				1		
Wen of face	Extirpated	1	1				1		
Wen of neck	Extirpated	1	1				1		
Wen of scalp	Extirpated	5	5				5		
Wry neck	Neurectomy spinal accessory	1	1				1		
Total		210	146	13	4	41	169	45	2

Rate of mortality in cases operated upon, .95 of one per cent.
Out of a total of 210 operations 145 were performed by Dr. Packard, 64 by Dr. Briggs.

Abdominal and Pelvic Operations.

Perhaps the greatest step in advance in pelvic surgery during the past year has been the method of operating *per vaginam* in a large number of cases, instead of by abdominal section. Reference is here made to the removing of ovarian cysts (when

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not too large or complicated with adhesions), diseased appendages, and the uterus. For the removal of ovarian cysts the operation is as follows. An incision is made in the vault of the vagina posterior to the uterus, although an anterior incision may be substituted when the tumor seems to present in this locality. The finger is passed into the peritoneal cavity through this incision and the cyst explored. It is then seized with pedicle forceps and brought down to the incision. If the tumor is of small size and can be delivered through this opening it is done; if too large the cyst is punctured and the sac delivered. A ligature is next thrown around the broad ligament and the tube and ovary removed. One or both ovaries can be removed through this incision. The wound in the vault of the vagina is closed with catgut sutures.

During the past term four operations were performed by this method which would have previously been operated upon by abdominal section. Although laparotomy has now reached a degree of perfection where we may hope for excellent results, yet there is always more or less systemic disturbance, pain, frequently nausea and vomiting and always a more or less protracted recovery with the danger of ventral hernia. After the vaginal operation the course of convalesence is most remarkable. The patient experiences much less discomfort than after abdominal section; there is almost no systemic disturbance, no necessity for the extremely low diet which we invariably prescribe after abdominal operation. The patient is treated in every respect like a case of laceration of the cervix, and allowed to sit up in from ten to fourteen days after the operation and discharged shortly thereafter.

The operation for the removal of diseased appendages is accomplished in the same manner, with the exception that in case there are strong adhesions a wick of borated gauze is left in the wound for drainage. The convalescence is equally satisfactory.

If the parts are inaccessible through the opening in the vaginal vault the uterus is extirpated. This gives sufficient additional room to easily reach the appendages and effect their removal.

A Case of Cholecystotomy.

Miss H., aged thirty-six, was operated upon Oct. 19, 1895. She first noticed a bunch in right hypochondrium three years ago. Pain appeared one year later, with symptoms of indigestion, nausea, etc. She complained of weakness in her back, with much pain, constant and dull in character. Last May she consulted a surgeon of another hospital, who operated upon her for "floating kidney." Examination showed a short

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scar in the right lumbar region, extending vertically from the 12th rib to the iliac crest. Following his operation there was amelioration of pain for four months, but the bunch was still apparent. Supposing she had a recurrence of the kidney dislocation, she decided to make another attempt to obtain relief. An incision parallel with the 12th rib was made intersecting diagonally the old scar. In the depth of the wound, adhesions between the lower border of the liver and the old cicatrix were found. In the previous operation, evidently the lower border of the right lobe of the liver had been sutured into the wound. Minute scars could be plainly seen in the liver caused by the passage of the needle. The kidney was found normal in position and size, and evidently had not been touched in the previous operation. The bunch in the right hypochondrium, heretofore supposed to be floating kidney, was found to be a tremendously distended gall bladder containing calculi. The adhesion between the parietal wall and the liver was severed and the lumbar incision closed. The patient was prepared for laparotomy, and a vertical abdominal incision made over the prominence of the tumor. The fundus of the gall bladder was easily exposed, and gauze pads were placed within the peritoneal cavity surrounding the tumor. An incision was then made into the gall bladder, and 116 gall stones removed, varying in size from a wheat grain to a robin's egg. The opening in the fundus of the gall bladder was sutured to the peritoneal wound, and deep sutures were adjusted for closure of the abdominal incision. A small aperture was left communicating with the cavity of the gall bladder, through which a gauze wick was adjusted for drainage.

Four Cases of Removal of the Appendix. All Recovered.

Case I. Intermediate Operation.—Mr. R., aged thirty-eight, was operated Dec. 7, 1895, for appendicitis. He first noticed trouble last July, and since then has passed pus and blood per rectum every four or five days. Tenderness in the ileo-cæcal region persists. He reports having had a hard bunch in the right inguinal region during his first illness which disappeared after the rectal discharge occurred. No tumor was discernible by palpation, but from the history it was expected that he had appendicitis with perforation of the bowels. An incision was made in the linea semilunaris and the appendix was easily exposed, and was apparently healthy. No aperture of communication with the intestine could be found. The appendix was amputated and the stump turned in, and secured with a silk Lembert suture. No pathological condition was discoverable. The wound was closed with silk and catgut sutures, and healed by first intention.

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Case II. Intermediate Operation.—Mrs. A., aged twenty-two, was operated upon Nov. 30, 1895, for appendicitis. She had a miscarriage last October, and has had several recurrent attacks of pain in the region of the appendix. An incision was made in the right linea semilunaris. The appendix was found attached to adjacent loops of intestines, with a perforation near its base. No pus was found. The appendix was amputated near the cæcum, the stump turned in, and sealed with Lembert sutures.

Case III. In Acute Stage.—Mr. P., aged twenty years, was operated upon October 17, for appendicitis. The attack commenced forty-eight hours previously, and was early recognized as appendicitis. A tumor in the region of the appendix was clearly defined. The abdomen was opened by the usual incision. Perforation of the appendix had already occurred and a diffuse dissemination of flocculent matter was found in the peritoneal and pelvic cavities. The appendix was amputated and the wound left wide open. Several strips of borated gauze were carried in various directions into the peritoneal cavity among the intestines and left protruding from the wound in order that the freest possible drainage might be effected. On the second day the gauze was removed, and the wound partially closed with silk sutures. Twenty-four hours after the operation the gauze packing was removed and a fresh one adjusted. After this the wound was dressed twice daily and syringed with peroxide of hydrogen. He made a very fine recovery.

Case IV. Acute Stage.—Mrs. M., aged thirty-six, was operated upon Dec. 28, 1895, by Doctor Briggs for appendicitis. The pain commenced over a week ago in the abdomen and was especially severe on the right side and accompanied with nausea and vomiting. Her temperature soon reached 101½ degrees. Physical examination revealed a tumor in the right side and considerable sensitiveness. An incision was made over the prominence of the tumor and a large pus cavity was opened. This was irrigated with warm boiled water and peroxide of hydrogen. A sloughing appendix was found at the bottom of the abscess cavity which was ligated and removed. The wound was packed with borated gauze. Daily change of dressing was made thereafter, with peroxide irrigation, until repair was complete.

Two Cases of Strangulated Hernia.

Mrs. D., aged fifty-eight years, was operated upon October 4, for strangulated femoral hernia. The rupture had existed for twenty years. Two days ago the hernia

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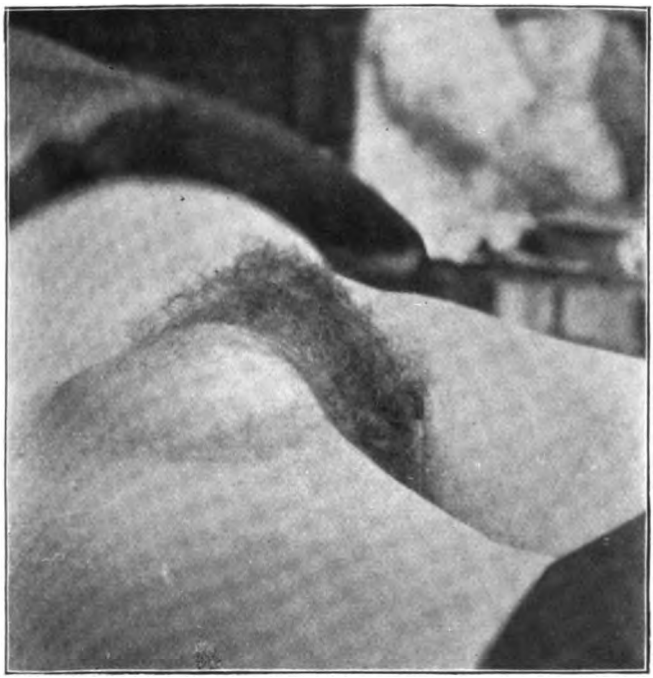
came down and could not be replaced. Intense pain and vomiting were present. The preparation of the field of operation was made upon the operating table, under anæsthesia. The contents of the sac was omentum, and a knuckle of intestine which was dark in color, although gangrene had not apparently taken place. The inguinal ring was enlarged, the intestine reduced and the omentum ligated and excised. The wound was closed with silk-worm and catgut sutures.



STRANGULATED FEMORAL HERNIA. RECOVERY.
Patient of W. L. Jackson, M. D., Boston.

Suppuration occurred in the external wound, probably due to inefficient cleansing of the field of operation. Threatening indications of peritonitis developed on the fifth and sixth days after operation, and anxiety was felt lest the strangulated loop of intestine which was replaced, was undergoing gangrene, and that perforation might occur. These symptoms abated shortly, and the patient made a good recovery. She was kept in bed six weeks after operation, that the wound might become firmly healed. A light, well fitting truss was adjusted prior to the patient's discharge.

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Mr. L., aged ——, was operated upon Oct. 9, 1895, for incarcerated inguinal hernia. The hernia had existed ten or twelve years but he had always been able to reduce it until within the past few months. He has suffered no pain or discomfort, except when on his feet, and when lifting or straining. The contents of the sac was omentum, with moderate adhesions, which was ligated and cut away. A portion of the sac was removed and the remainder folded between the peritoneum and the abdominal wall as practiced by O'Hara. The walls of the ring were approximated with interrupted catgut sutures. The patient was kept in bed six weeks. A light truss was adjusted, and he was then allowed to sit up, and, a week later, was discharged.

A Case of Umbilical Hernia. Operation for radical cure.

A Case of Umbilical Hernia.

Mrs. C., aged fifty-two, was operated upon Nov. 9, 1895, for umbilical hernia, and hemorrhoids. She has had

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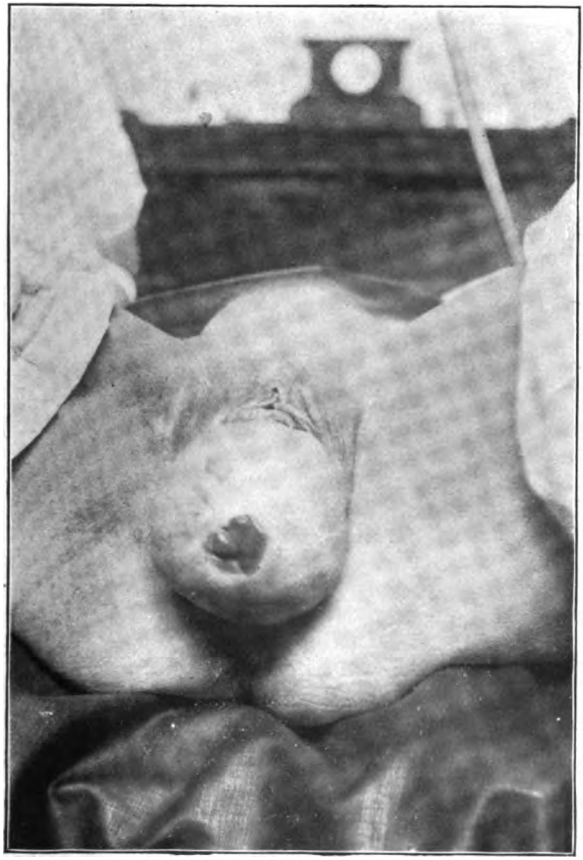
six children, the youngest being fifteen years old. She had severe pain in her abdomen about four and one-half years ago, and subsequently noticed a protrusion in the umbilical region. This protrusion was very marked. The operation consisted in opening the hernial sac, which was found to contain omentum, which was adherent only at the ring.



PROCIDENTIA UTERI.

An extreme case treated by extirpation of the womb and obliteration of the inverted vagina pouch by plastic operation. Patient of E. R. Utley, M. D., Newton.

These adhesions were dissected up, and the omentum which was contained in the sac was ligated and cut away. The superfluous portion of the peritoneal lining of the sac was cut away and the remainder was drawn up into the abdominal cavity by two silk-worm-gut sutures. The ventral walls and integument

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were approximated with silk-worm and catgut sutures. The wound healed by first intention throughout. At the expiration of six weeks she was fitted with an umbilical pad and discharged. At the same sitting she was operated upon for hemorrhoids, the clamp and cautery being used.

A Case of Procidentia Uteri.

Mrs. L., aged sixty-two, was operated upon Nov. 27, 1895, for procidentia uteri. She was badly lacerated at the birth of her only child thirty years ago. She has had two miscarriages which occurred in the third or fourth months of pregnancy. The uterus was found to be considerably enlarged and protruded from the vagina about three inches. The uterus was extirpated; the inverted vagina was reduced by a plastic operation which obliterated it. Catgut and silk-worm sutures were employed. The patient made an excellent recovery and was allowed to sit up at the end of six weeks.

Seven Cases of Ovarian Tumor.

Case I. Double Ovariotomy by Abdominal Section.—Miss H., aged nineteen, was operated upon Dec. 28, 1895, for the removal of an ovarian tumor. For the past year and a half she has had a severe endometritis, and has flowed excessively. The condition has grown steadily worse, and lately she has had a light-colored discharge between her periods. The uterus was curetted by Doctor Briggs on November 27, and a large amount of diseased endometrium removed. The uterine cavity was found five and one-half inches in depth. Abdominal section was made, and the left ovary was found to contain a cyst the size of a hen's egg. The right ovary was also found to be cystic, and with its tube, was removed. She made an excellent recovery.

Case II. Multilocular Ovarian Cyst. Abdominal Section.—Mrs. K., aged sixty, was operated upon Nov. 18, 1895, for a multilocular ovarian cyst. The examination showed a cystic tumor evidently of ovarian origin, occupying the hypogastrium. Abdominal section was performed, and a multilocular ovarian tumor of the right ovary, the size of a child's head, was found and removed. The left ovary upon examination, showed the commencement of cystic degeneration, and with the tube, was removed. The patient made an excellent recovery.

Case III. Double Ovariotomy. Abdominal Section.—Mrs. D., aged forty-seven, was operated upon Oct. 31, 1895, for ovarian cysts. She has had one child and one miscarriage. Her menstrual periods have always been regular

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until recently. During the last five weeks she has had three attacks of flowing, and has had pain, soreness and throbbing in her left side. Abdominal section was made and the left ovary removed, bearing a cyst the size of a bantam's egg. The right ovary also bearing a small cyst was removed. The wound was closed with silk and catgut sutures. The patient made an absolutely uneventful convalescence. The wound healed throughout by first intention.

Case IV. Double Ovariotomy by Vaginal Section.—Mrs. F., aged thirty-one, was operated upon Nov. 20, 1895, for ovarian tumors of both sides. She underwent operation for the removal of a fibroma of the breast on Nov. 9, 1895, and at that time ovarian cysts of both ovaries were found. The operation was made per vaginam, the peritoneal cavity being entered anterior to the uterus. Both ovaries were found in a state of cystic degeneration and were removed with their tubes. The patient made a very excellent recovery.

Case V. Double Hydro-salpinx by Vaginal Section.—Mrs. W., aged forty-one was operated upon Oct. 6, 1895, for a double hydro-salpinx. She has never borne children, but had one miscarriage twelve years ago. She first noticed pain in the left ovary three years ago, which has steadily increased in severity. Operation was made through an incision in the posterior vault of the vagina and a left hydro-salpinx, with the ovary, was removed with great difficulty on account of adhesions. A similar condition on the right side was found, but it was impossible to remove it without sacrificing the uterus. Consequently the uterus was removed, after which the tube and ovary were removed without much difficulty. Borated gauze drainage was adjusted laterally on either side of the vagina. The remaining portion of the wound in the vaginal vault was closed with catgut sutures. No suppuration followed, and the patient made an excellent convalescence.

Case VI. Double Ovariotomy by Vaginal Section.—Mrs. W., aged forty-six, was operated upon Nov. 6, 1895, for ovarian tumors. She has one child two years old. The labor was difficult and delivery was effected by instruments resulting in a tear of the cervix and perineum. She complained of much bearing-down pain. She was anæsthetized with the expectation of operating upon the cervix and perineum, but ovarian tumors were found and the operation for their extirpation per vaginam was made. Her right and left ovaries were found enlarged and undergoing cystic transformation. She made an excellent convalesence and on November 27 the lacerations of the cervix and perineum were repaired.

Case VII. A Dermoid Cyst. Removed by Vaginal Section.—Mrs. H., aged thirty-eight, was operated upon October

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17, 1895, for ovarian tumor. She has had two children. At her first confinement she suffered from puerperal fever, and has been in delicate health ever since. She underwent operation for laceration of the cervix about two years ago, and a small tumor of the left ovary was then discovered. The tumor was removed by vaginal section, the opening into the peritoneal cavity being made posterior to the cervix. It was about the size of a hen's egg, a dermoid cyst, and tube removed with it. The ovary and tube of the opposite side were also found diseased and were removed. The patient made a good recovery.

Two Cases of Fibroid Tumor of Uterus. Abdominal Section.

Case I. Calcified Uterine Fibroid (stone tumor).—Miss R., aged sixty-four years, was operated upon Oct. 29, 1895, for relief from uterine fibroid. She passed the climacteric at forty-six years of age, since which time there has been no flow. She thinks she noticed enlargement and irregularity in the contour of the abdomen about two years ago. She has had little or no pain. Examination disclosed a tumor of stony hardness occupying the pelvis anterior to the womb and apparently adherent to it. At the operation a tumor was found occupying the anterior uterine wall and covered by a thin layer of uterine tissue which was incised and the tumor enucleated. There was no severe hemorrhage but a general oozing and the wound in the uterus was closed by deep, and superficial silk sutures. The tumor was found to have undergone calcareous degeneration, and was of stony hardness. The patient made an excellent recovery and was discharged cured.

Case II. Fibro-myoma. Abdominal Hysterectomy.—Miss B., aged forty-seven, operated upon Nov. 18, 1895, for uterine fibroid. Menstruation always regular but profuse. Her general health is delicate and she suffers greatly from headache and nervousness. Examination showed a well rounded fibroid tumor, freely movable, evidently sub-serous, and pediculated. Laparotomy was made, and a tumor was found which was connected with the uterus by a broad attachment. This necessitated the removal of the whole womb and ovaries. The condition was extremely favorable to operation, in that the uterus was drawn well up and the broad ligaments elongated. The ligaments were ligated with silk, and the uterus and ovaries removed. The floor of the pelvis was closed with a continuous fine silk suture. Gauze was packed in the vagina, and no abdominal drainage afforded. The patient made an excellent recovery.

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Four Cases of Pyo-salpinx.

Case I. Double Pyo-salpinx. Abdominal Section.—Mrs. C., aged forty-eight, was operated upon Nov. 20, 1895, for pyo-salpynx. Menstruation has always been regular, but during the past summer she has had menorrhagia with pain in left side. Since the last period she has had a slight continuous flow. Examination made October 22, showed what seemed to be an inflammatory deposit on the left side, which was exceedingly sensitive to the touch. On November 8, further examination showed evidences of an increase of the inflammatory mass, and the uterus was found pushed to the right side. A retroverted fundus uteri in the middle, and an inflamtion under ether revealed an extremely hard, immovable mass in the left ovarian region, which punctured with the aspirator needle was found to be very dense. November 20, abdominal incision was made, which disclosed an abscess sac on the right side. A retroverted fundus uteri in the middle, and an inflammatory mass including ovary and tube on the left side. All of the pelvic viscera were found in a mass of adhesions. Both appendages with inflammatory products were removed, and vaginal drainage established. The abdominal wound was closed without drainage. The fundus of the uterus was fastened anteriorly to the abdominal wall. The patient did very poorly from the first, secreted little urine, had much gastric disturbance, and much purulent discharge from the vagina and later through the lower angle of the wound. November 25, five days after operation, she died from sepsis.

Case II. Double Pyo-salpinx. Abdominal Section.—Mrs. B., aged nineteen, was operated upon Dec. 11, 1895, for double salpingitis. She has been married one year and five months. Has had one miscarriage. In May, 1895, she took medicine to induce the miscarriage which occurred at the third month. At this time she flowed two weeks and suffered much pain. Four weeks later she menstruated normally. Her last period began November 22 and persisted ten days, and pain has continued since then. In June she began having sharp pain in the right ovarian region which has persisted more or less constantly, since. Hyaline casts were found in her urine. Oxygen and chloroform anæsthesia was induced and an exploratory incision revealed tubal disease of each side. Both tubes were greatly enlarged and adherent to adjacent peritoneal tissues and to the omentum. Both appendages were extirpated. There was a history of gonorrhœa in the husband three or four years prior to marriage. She made an excellent recovery.

Case III. Double Pyo-salpinx. Abdominal Section.—Miss R.,

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aged twenty, was operated upon Dec. 7, 1895, for double pyo-salpinx. She has had former attacks of pain similar to this attack. She was taken ill two days ago with sharp pains in the right inguinal region with great tenderness to touch. Her pulse was 108, and temperature $101^2/_5°$ F. She was admitted to the medical side of the hospital, and was seen by Dr. Conrad Wesselhoeft, who called in Doctor Packard in consultation the following day. Abdominal palpation revealed a tumor in the right inguinal region, which was very sensitive to touch, but somewhat below McBurney's point. The condition was supposed to be of appendicular origin. Palpation after anæsthesia was induced, showed the tumor to be unusually low for appendicitis. An incision, however, was made in the right linea semilunaris, and an abscess of tubal origin found. The tube and ovary of the left side were explored through this same opening and a similar condition was exposed. The appendages of each side were removed. The wound was left wide open, and wicks of borated gauze were adjusted for drainage. Daily changes of the gauze wicks were made with peroxide irrigations. In the course of convalescence a fecal fistula made itself manifest, but closed spontaneously within a short time. At the present writing the patient is well on toward recovery.

Case IV. A Case of Chronic Salpingitis. (Removal of Tubes per Vaginam).—Mrs. L., aged forty-seven years, was operated upon Oct. 23, 1895, for chronic salpingitis. There was in her case, a suspicion of venereal infection. Operation was made by vaginal tract, and the uterine appendages were found adherent. The uterus was removed with the appendages, not from any inherent disease, but to facilitate access to the appendages. She had a great deal of nausea and vomiting following the operation, but made an excellent convalescence.

Cancer of the Womb.

Case I. Carcinoma of the Cervix. Abdominal Section.—Mrs. H., aged sixty-nine, was operated upon Nov. 11, 1895, for carcinoma of the uterus. For several months past she has had irregular periods of flowing, and on one occasion there was extreme loss of blood. An erosion of the cervix had existed for some time. It was hoped that vaginal hysterectomy could be performed, and it was attempted but owing to a narrow vagina and enlarged uterus, it was found impracticable. Abdominal section was made. On the right side a small ovarian cyst was found and removed. A calcified fibroid tumor, the size of a hen's egg, was found attached to the fundus uteri. The broad ligaments were ligated with silk, and removal

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of the entire uterus effected. The floor of the pelvis was restored by a continuous silk suture uniting the edges of the peritoneum. The vagina was packed with borated gauze. The patient made excellent progress until the third day, when suddenly stupor, with right hemiplegia, developed. She gradually failed until death occurred. Autopsy revealed cerebral thrombosis. The seat of the operation was found to be in excellent condition.

Case II. Carcinoma of the Fundus. Abdominal Section.—Mrs. P., aged thirty-eight, was operated upon Dec. 4, 1895, by Doctor Briggs, for carcinoma of the uterus. Menstruation was regular until ten years ago; since then the flowing has been fairly constant accompanied by much pain. General health has been fair. A year ago she had a severe hemorrhage, and was then confined to the bed a week, during which time she suffered much pain. Urinary analysis showed the presence of albumen and casts. November 27, the uterus was curetted with the removal of considerable débris and broken down tissue. Diagnosis of carcinoma of the fundus uteri was made at that time, which was later confirmed by microscopical examination. December 4 the operation was commenced under ether anæsthesia, but shortly after the abdominal incision was made her pulse became very weak and the administration of chloroform and oxygen was substituted. Both ovaries were found to contain cystic tumors of moderate size. The fundus of the uterus was much enlarged—four to six times its normal size. No secondary cancerous nodes were found in the surrounding viscera. Each broad ligament was alternately cut through with scissors, and the blood vessels as they were cut were seized and ligated with fine silk. The bladder was separated from the uterus, the vaginal vault cut through and the uterus removed. Very little hemorrhage occurred during the operation. The floor of the pelvis was restored by uniting the peritoneum with a continuous fine silk suture. The vaginal wound was left open and packed per vaginam. During the first night quite an alarming hemorrhage from the vagina occurred. This was, however, controlled by packing the vagina with borated gauze impregnated with Monsel's powder. Total suppression of urine for the first thirty-six hours, with sub-normal temperature occurred (95.5 degrees). Later the secretion of urine became very copious and a diarrhœa supervened. Some suppuration of the abdominal wound occurred and an offensive discharge from the vagina persisted for several days. She made an excellent recovery.

Case III. Carcinoma of the Cervix. Vaginal Hysterectomy.—Mrs. J., aged twenty-seven, was operated upon Nov. 7, 1895, for carcinoma of the uterus. She has two chil-

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dren, four and six years of age respectively. She has had attacks of flowing for the last three or four years, and two years ago the uterus was curetted. For some time past she has been flowing constantly, and has had considerable pain in her back. Vaginal examination revealed an extensive degeneration of the cervix uteri, which bled freely upon touch. The uterus was removed by vaginal hysterectomy. The operation was difficult on account of the narrow vaginal canal, which necessitated slitting the perineum in order to give more room. The uterus was considerably enlarged and was difficult to deliver, consequently it was divided longitudinally to facilitate the ligation of the broad ligaments. Both ovaries and tubes were removed with the uterus, and lateral wicks of borated gauze were adjusted on either side of the vault of the vagina for purpose of drainage. The cut in the perineum was repaired and the vagina packed with gauze. She made an excellent recovery.

Case IV. Carcinoma of the Fundus. Vaginal Hysterectomy.—Mrs. F., aged fifty-one, was operated upon Dec. 31, 1895, for carcinoma of the uterus. She entered the Hospital four years ago and curettement of the uterus was done. A large amount of débris was removed, and a cancerous condition was feared. She has remained about the same in her general condition ever since with uninterrupted, but moderate flowing. The uterus was greatly enlarged, and her general condition very anæmic. Oxygen and chloroform were administered, and the uterus removed per vaginam. Slight bleeding occurred from the uterine arteries, which were picked up with artery forceps and ligated. Lateral wicks of borated gauze were adjusted for drainage, and the vaginal vault was otherwise closed with catgut. She made a very excellent recovery.

Case V. Carcinoma of the Cervix. Vaginal Hysterectomy.—Mrs. R., aged thirty-nine, was operated upon Dec. 4, 1895, for epithelioma of the cervix uteri. Five years ago she underwent operation for the repair of a laceration of the cervix. A rather imperfect healing resulted. She has flowed constantly ever since, with backache and bearing-down pains. Vaginal hysterectomy was performed, as follows;—the vaginal vault was opened anteriorly and posteriorly as usual. The uterus was cut through longitudinally with scissors, and the hand passed up into the pelvis, and the tube and ovary of the right side freed from adhesions, and brought down with half of the womb, to which they were attached. The chain of the ecraseur was thrown around the broad ligament and slowly tightened, until detachment was effected. The ovary on this side was found to contain a small cyst. The left side was similarly treated, and a larger ovarian tumor was found on this

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side. A slight hemorrhage from the left uterine artery occurred after the severing of the broad ligament by the chain ecraseur which necessitated the picking up and tying of the artery. The convalescence after this operation was very remarkable in that the patient suffered almost none at all, and the course of her recovery did not differ from that of a simple laceration of the cervix.

A Case of Pelvic Abscess. Drained per Vaginam.

Mrs. W., aged twenty-two years, was operated upon Oct. 3, 1895, for pelvic abscess. She underwent laparotomy sixteen months ago for the same difficulty, and a sinus in the abdominal wall still persists, from which there is a constant discharge of pus. The disease commenced soon after her marriage. Four weeks ago she was taken ill again with pain in the pelvic region and abdomen. Examination revealed the pelvis filled with a fluctuating mass, and a diagnosis of pelvic abscess was made. The vault of the vagina was incised and a large amount of pus evacuated. The cavity was flushed with peroxide of hydrogen and boiled water, and drainage tubes adjusted. She left the hospital greatly improved.

A Case of Imperforate Hymen.

Miss J., aged fifteen, was operated upon Dec. 30, 1895, for imperforate hymen. She has had menstrual symptoms during the past three years. The accumulated fluid had enormously distended the vagina so that it was distinctly felt above the pubic bone. The patient was chloroformed and the parts rendered aseptic. The hymen was incised and a large amount of retained menstrual fluid of the consistency of tar evacuated. The edges of the hymen were trimmed away, and the vagina thoroughly irrigated with boiled water. She made a good recovery.

(To be continued.)

LONGEVITY. — With all of his exposures, the life of the soldier averages considerably longer than that of the physician, who is constantly engaged in the attempt to ward off death from his fellows. — *Denver Journal of Homœopathy.*

"OPERATIC OBSTETRICS. — A Chicago newspaper announces that Dr. Charles J. McIntyre has been appointed demonstrator of "*operatic* obstetrics" in a certain medical school of that city, and adds: "There is room for improvement in the music of the average lying-in chamber, and that Dr. McIntyre is going to make it all right." — *Richmond Journal.*

TREATMENT OF SOFT CORNS. — Mr. Philip Miall writes to the *British Medical Journal* that a concentrated solution of tannin, made by dissolving an ounce of perfectly freshly made tannin in six drachms of water with the aid of gentle heat, gives immediate relief to soft corns, if applied once or twice a day between the toes after washing. Tannin in powder is not quite so effectual. — *Medical Record.*

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

FOR THE CAUSE.

In early February, a committee chosen for the purpose, issued and forwarded to the members of the New England Hahnemann Association, to the Alumni of the Boston University School of Medicine, and others interested in the cause, the following circular:

"One hundred years ago, in 1796, Hahnemann announced to the world his belief in the principle *similia similibus curentur* as a guiding rule in the practice of medicine. His teachings have spread from year to year, and medical schools to the number of twenty, in this country, have been established, in which the practice of medicine, inaugurated by Hahnemann, is taught.

"Boston University School of Medicine was founded in 1873, and from that date has grown steadily in numbers and influence, until it may now fairly be counted among the most practical, progressive and thorough medical schools in this country. It has done much to give to our present Dispensary and Hospital the great usefulness and reputation they have attained, and like them, it has become an institution of unquestioned permanence. The present time affords a fitting and urgent opportunity for every homœopathic practitioner and friend of homœopathy and higher medical education to assist in making this School all that it should be. Hitherto it has been sustained, pecuniarily, by the fees paid by its students, but from the lack of endowment, it is handicapped at present in its efforts to meet its highest requirements.

"A Homœopathy Centennial Festival will be held in the buildings of the Medical School, on East Concord Street, during the week from Monday, April 6, to Saturday, April 11, 1896,—Hahnemann's birthday. The purpose of this festival is to enable the public to become acquainted with, and interested in, the important work which the School is accomplishing, and to secure for it pecuniary assistance. Ten years ago, a similar festival was held for the benefit of the Hospital, and proved a complete success. If now, as then, we all participate in this proposed plan for aiding the Medical School, the result will be gratifying and encouraging.

"A meeting of members of the Hahnemann Association and Alumni of the School will be held, to devise ways and means, at the College Building, East Concord Street, on *Friday, February 14, at 12 o'clock promptly.* Your coöperation is earnestly

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desired and you are urgently invited to be present and bring any friends who may be interested.

"Suggestions or communications in relation to the festival will be welcomed by the members of the Executive Committee.

JOHN H. PAYNE, M. D.,
GEORGE B. RICE, M. D.,
WINTHROP T. TALBOT, M. D.,
WILLIAM F. WESSELHOEFT, M. D.,
Executive Committee."

From the overwhelmingly generous response which, from the issuing of the circular to the present time, it has called forth alike from physicians and laymen, two deeply encouraging inferences are to be drawn. First, the profound and vital hold that homœopathy has upon the respect, the confidence and the affection of the community at large; and second, that it is at last beginning to be practically realized that the cause not of homœopathy alone, but of sociology, of philanthropy, of the public welfare in its broadest sense, cannot more worthily be served than in making sure that the men and women in training for medical work, be thoroughly, broadly and soundly trained. Few medical schools worthy the name can ever have adequate support simply from the fees of students. To attempt this is to have the element of commercialism, than which nothing is more fatal to the growth of the scientific spirit or of the ethical spirit, ever active and dominantly active in the conduct of such a school. Endowments, ample, generous, and as little hampered as possible with encumbering conditions are the only means by which a medical or other scientific school can be freed from the deadening dominance of commercialism. To secure such endowments is a mighty step toward assuring the fitness of the men and women going forth into the community to minister to its most instant, cruel and crying needs, for their noble and exacting labors. To secure such endowments for the medical school of which not only Massachusetts but all American homœopathists have reason to be justly proud, is the worthy aim of the promoters of the forthcoming Hahnemann Festival. Surely in no way could the name of the Founder of our school of practice be more fitly honored, than in helping earnest men and women to go out into the world efficiently prepared to practically promulgate the worth of the doctrines of Hahnemann. This tribute in at least some small degree, every friend of homœopathy, be he physician or layman, can pay to the Founder of the system by which he has so deeply profited. In what variety of fashions he can so contribute, is suggested by the additional circular recently issued by the committee, extracts from which we here reproduce:

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"A Festival and Bazaar, under the auspices of the New England Hahnemann Association, will be held in the buildings of the Boston University School of Medicine, on East Concord Street, between Harrison Avenue and Albany Street, beginning on Monday, April 6. The public opening will be at two o'clock on Monday afternoon. The festival will continue until the end of the week, from 10 A. M. until 10 P. M., daily. For the convenience of patrons and friends, frequent stages will be run to the School buildings from Copley Square and Huntington Avenue, crossing all car lines.

"The chief features of the bazaar will be fancy tables, and others devoted to the following specialties: aprons, bags, housewives' articles, confectionery and flowers. Contributions and donations of salable articles are cordially desired, and should be sent to the headquarters of the Festival Committee, 685 Boylston Street, or to the ladies in charge of the separate tables.

"The attention which the School has given to matters pertaining to hygiene and other matters which are now exciting public attention, leads naturally to the following exhibitions:

"*Physical Training.*—Lectures and demonstration of the American, Swedish and other systems of gymnastic training, by experts, with the aid of classes; display of gymnasium appliances, mechanical massage, etc.

"*Domestic Science.*—Lectures and demonstrations of foods and their adulterations, methods of cooking, including the Aladdin Oven, etc. The aid of the New England Kitchen is promised, under the supervision of Miss Maria Daniell, with the advice and coöperation of Mrs. Ellen H. Richards, of the Massachusetts Institute of Technology.

"*X-rays.*—Special demonstrations and exhibitions of the Röntgen graphic process will be given by the B. U. Physiological Laboratory.

"Every afternoon and evening there will be varied and interesting entertainments, both musical and dramatic.

"A novel attraction will be the Children's Paradise, where many new and interesting features, especially adapted to the entertainment of children, will be offered, such as the Mechanical Hen, the Electric Dancing Dolls, the Lilliputian Restaurant, the Children's Table and the Candy Shop.

"It is felt that the importance of providing adequate educational advantages for those who later are to bear the responsibility of the happiness and physical welfare of individuals and families, who are to guard villages, towns and cities against disease, is of untold importance, and all intelligent persons are invited to join in this popular movement for a higher standard in medical education. The fee for annual membership in the Association is two dollars. Any subscriptions or contribu-

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tions, however small, will be devoted immediately to the direct and permanent advantage of the student, in providing better facilities and equipment for work. A large endowment fund is necessary to meet the necessary expenses of a thoroughly equipped medical school, and provide adequate means for instruction. Annual subscriptions are desired, and should be sent to R. H. Stearns, Treasurer, 140 Tremont St., Boston.

"The admission fee to the festival will be 25 cents. Season tickets, $1.00. Members of the Association are entitled to a season ticket.

"Communications should be addressed to the Executive Committee:

"J. H. Payne, M. D., Pierce Building, Copley Sq., Bazaar and Tables; G. B. Rice, M. D., 229 Berkeley St., Entertainments and Music; W. T. Talbot, M. D., 685 Boylston St., Advertising and Printing; W. F. Wesselhoeft, M. D., 176 Commonwealth Ave., Refreshments, Decorations and Transportation.

HENRY S. RUSSELL, *President Hahnemann Association.*
I. T. TALBOT, *Secretary.*"

There will also be given, in aid of the scholarship fund of the Boston University School of Medicine, the week of May 18th, at a prominent Boston theatre, a special performance of Pinero's charming comedy "Sweet Lavender." The cast will be made up of well-known professionals; and nothing will be spared to make the occasion as brilliant dramatically as it can hardly fail to be socially. It has been decided to set the tickets at the uniform price of $1.50 each, and to issue no reserved seats. Those physicians desirous of aiding the scholarship fund by disposing of tickets to the matinee, will find them on sale at the bazaar, during the festival week; or can obtain them, direct, by addressing the editor of the *Gazette,* at 295 Commonwealth Avenue.

In one or another of the many channels opened by the Festival and its auxiliary opportunities, surely every friend of homœopathy, physician or layman, every debtor to the great Master of Medicine whose centennial of achievement the Festival will commemorate, will gladly do such helpful work as is open to him; to the serving of the Cause so dear to us all. And the workers for the Cause can move to no nobler marching-song than the New Year rhyme lately sung by that most inspiring of literary birds "The Lark:"

Here's to the Cause, and the blood that feeds it!
Here's to the Cause, and the soul that speeds it!
Coward or Hero, or Bigot or Sage,
All shall take part in the war that we wage;

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And though 'neath our banners range contrary manners, shall
we pick, shall we choose, 'twixt the false and the true?
Not for us to deny them, let the Cause take and try them—the
one man for us is the man that shall do!

Here's to the Cause, let who will get the Glory!
Here's to the Cause, and a fig for the story!
The braggarts may tell it who serve but for Fame;
There'll be more than enough that will die for the Name!
And though in some eddy our vessels unsteady be stranded
and wrecked ere the victory's won,
Let the current sweep by us. O Death, come and try us!
What if laggards win praise, if the Cause shall go on?

Here's to the Cause, and the years that have passed!
Here's to the Cause—it will triumph at last!
The End shall illumine the hearts that have braved
All the years and the fears, that the Cause might be saved.
And though what we hoped for, and darkly have groped for,
come not in the manner we prayed that it should,
We shall gladly confess it, and the Cause, may God bless it!
shall find us all worthy who did what we could!

EDITORIAL NOTES AND COMMENTS.

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Good News from the Massachusetts Homœopathic Hospital comes from the resident physician who informs us that the past year has been a busy one for the hospital, as showing a larger number treated than ever before. Of the 1,329 patients under treatment, 902 were discharged cured, 200 improved, 61 not improved, 53 not treated (malignant disease or not operative), 32 died, leaving 81 in the hospital on January first. The increase in the number of patients annually treated has been as follows: in 1891, 730; in 1892, 789; in 1893, 1,097; in 1894, 1191; and in 1895, 1329. The average daily census was 84.6 per cent, the highest daily census being 112. Over 1,000 operations were performed, a large number being before the students. The average death rate was 2.45 per cent. Nine hundred and ninety-nine were treated on the surgical side and 330 on the medical. Of the 1,232 patients admitted direct into the hospital 785 were paying patients, and 447 were free, although only 355 paid $12 per week or upwards, and as the per capita cost was $1.76 a day, it will be seen that a large portion of the maintenance of the hospital

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was dependent upon its own resources, rather than on paying patients. The receipts from the latter were $31,000, the expenses $50,000.

During the past year the following gifts were presented to the hospital through the solicitation of Dr. Horace Packard; namely, $385 in cash for the purchase of surgical appliances, and from Dr. J. W. Clapp, a "Yale" examining chair, and from Mr. A. H. Overman, a set of rubber-tires, ball bearing castors for the etherizing table. It is needless to say that the wants of the hospital are not even yet supplied.

"During the past year," says Dr. Strong, "the hospital has offered the services of a nurse to the Dispensary to care for maternity cases. For some time a nurse has been sent once a week to the gynecological clinic. The nurse attending upon the maternity service does so after her graduation, the hospital furnishing room and board. From July to January first, the time the service has been established, these nurses, four in number, have attended 82 women and made 500 after calls on mothers and children. There ought to be a general district nurse; there is work enough for her, and it is hoped that someone will establish this boon *in perpetuo* by a gift of $5,000 to the hospital.

"It is also urged that physicians will consult the resident physician direct on all questions pertaining to the financial, or other matters, outside of the physical examination, whether the patient comes as a private or hospital case, and thus save a great deal of unnecessary annoyance to their patients, who when asked certain questions overlooked by the go-betweens, cannot understand the reason therefor, as 'my physician has made all the necessary arrangements.' The growth of the hospital and the appropriations given it by Massachusetts render it incumbent upon the management to recognize first the claims of the poor of this Commonwealth, and hence the rule that no free case can be admitted from another state while there is a waiting list from within. While the hospital has always been, and still is, liberal in its treatment of those outside the state, very great assistance could be rendered financially, if the physicians in the larger towns and cities of New England would form auxiliary aid societies to the Hospital Ladies' Aid and pay something for the care of their poorer patrons in the hospital. In looking over the list of free patients treated in the past from these localities the above suggestion does not seem out of place."

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A New Foothold for Homœopathy has been secured, in the obtaining, by an American physician, after a long and plucky fight against determined odds, the right to practise homœopathy in Peru, without molestation or persecution from legal or other sources. The physician who waged this fight — which, as reported, has been a five years' war ! — has won a victory not only for himself but for the cause he represents. Homœopathy, as its opponents know far too well for their peace of mind, asks only for a fair field, and never for favor; and once given a fair field, has never yet failed to hold its own in the struggle for existence. So, doubtless, will it be in South America. In Mexico its record is already a glowing and a growing one. It is but lately that President Diaz has issued a decree which places homœopathy everywhere in Mexico on an equal footing with allopathy, as regards all privileges and prerogatives. Under this official ægis, a Homœopathic School of Medicine has been established; which school offers a five years' course of study, and guarantees a sound professional training.

Apropos of Vivisection. — The movement to secure the restriction or prohibition of vivisection in the higher institutions of this state should receive the attention of every physician. The statements made by anti-vivisectionists are positive and sweeping. If these statements have foundation in fact, if, in New England there be this large waste — this useless destruction of animal life, negligence as to anæsthetics, untruthfulness, hypocrisy and insane lust for cruelty on the part of biologists and physiologists, and if the end sought is unimportant, there is no class of the community whose duty in the premises is clearer than that of the medical profession.

The trusted physician is the natural family counsellor and should be a wise and well-informed adviser, free alike from partisan heat and professional prejudice. He, at least, should know of the facts and form thereon a well digested opinion. If vivisection ought to be prohibited he should lead the crusade, for no other could be more jealous of the honor of a profession whose aims are the most beneficent, and none more humane. If animal life should pay tribute to human knowledge for the ultimate benefit of the human race, he should say so, and speak out with no uncertain sound.

The subject, however, must be approached in a judicial spirit.

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The facts must be sought for and these must be examined and weighed, free from the color or current of sentiment. This generation is sponsor for the next, — its training in morals as well as in science. No pursuit of science which of necessity involves the debasement of the student in the pursuit is warrantable. Does the practice of vivisection in laboratories of biology and physiology necessarily result in such debasement? This is the essential question of the whole discussion. If it does, then away with it and that immediately, whatever beneficent results may have accrued to human kind. If not, and if the service and life of the lower animal may be devoted to human advancement we face questions worthy of most careful and temperate consideration.

In this connection there will be read with interest "A statement in behalf of science" to be found on another page. In order however to avoid the accusation of being unfair in presenting only one side of the case, we reprint herewith a characteristic circular recently issued by the New England Anti-Vivisection Society. On the one side may be found a dispassionate statement of facts which are easily corroborated by any student of medical history. On the other, a collection of sensational, perfervid and unsubstantiated accusations and affirmations which can appeal only to those who are absolutely and wilfully ignorant of the truth concerning this most important subject.

"*What is Vivisection, and What Can I Do to Help the Crusade against It?*

"Vivisection is the mutilating, cutting and burning of living animals; they are dissected, roasted, boiled and skinned when alive and in full possession of all their faculties: nerves are dissected out, laid bare and connected with the poles of a powerful electric battery, from which currents of electricity are passed over these nerves; this probably causes the greatest agony of which sentient beings are capable. At the present time the only way to attack this horrible crime, is by printing and circulating information so as to let the public know just what vivisection is, and how much it is done.

"*The New England Anti-Vivisection Society* has been organized and incorporated for this purpose. In order to accomplish its object it must have money to pay its office rent, and for printing and postage; every additional member increases its influence apart from the income from membership: at present it has sev-

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eral hundred members, and it wants to have several thousand before the end of another month: every dollar given aids the work directly: all of its officers serve without pay, a thing that can be said of no other society of its kind in this State. Annual membership is five dollars; associate membership is one dollar, which does not give the right to vote; life membership is one hundred dollars.

"The New England Anti-Vivisection Society opposes vivisection,

"First—Because the number of animals vivisected with unknown and inconceivable agony to each one is probably several thousand each day.

"Second—Because anæsthetics are very seldom efficiently used.

"Third—Because the results of vivisection are as near to absolute worthlessness as it is easy to get.

"Fourth—Because, as recent revelations in the *Transcript* and other papers abundantly show, vivisectors of prominence and supposed character, are almost without exception, untruthful, and cannot be relied on to speak the truth about their acts.

"Fifth—Because the animals used for vivisection are largely pet dogs and cats which are stolen for the purpose. The evening *Record* has exposed one of the greatest medical colleges in Massachusetts in its attempt to seduce a supposed characterless wretch to steal cats for vivisectionists, which he freely admitted he intended to do, without any expressed disapproval on the part of said college.

"Sixth—Because the practice of vivisection has bred and is breeding in vivisectors a degree of cowardice, meanness, hypocrisy and insane lust for cruelty that it is to be feared will produce in another generation a race of educated monsters of depravity such as this world has not known and the imagination of mankind cannot conceive. Already human victims are openly demanded by vivisectors in Ohio, and every true vivisector longs in his heart for human victims to vivisect. Just as soon as encouragement and the present tacit acquiescence in vivisection changes the vivisector from the cowardly hypocrite he at present is, into the arrogant persecutor he longs to be, the demand for men and women will be universal—not confined to a single state.

"Please join the New England Anti-Vivisection Society at once, and further aid this best of all causes by inducing your friends to join. Also, help circulate the society's literature.

PHILIP G. PEABODY,
President of the N. E. Anti-Vivisection Society,
Feb. 10, 1896. 179A Tremont St., Boston, Mass.

"N. B. The above statements are not merely speculative, but are vouched for by countless well-known scientists, surgeons and physicians of the highest possible character."

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SOCIETIES.

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AMERICAN INSTITUTE OF HOMŒOPATHY.

The annual meeting of the American Institute of Homœopathy will be held at Detroit, Mich., beginning Wednesday, June 17, 1896. The local committee, Dr. D. A. MacLachlan, chairman, has been vigorously at work during the past few months and has perfected its plans to such a degree, that it may be said without any exaggeration that the Institute will receive a right royal welcome in Detroit. A magnificent building containing auditoriums, large and small, reception rooms, rooms for committees and officers, and every possible convenience has been engaged for the use of the Institute, and it is believed that the arrangements in this respect will be more complete and satisfactory than ever before. The hotels are first class, charge moderate prices, and will do all that is possible to entertain the members of the Institute.

Detroit is a beautiful city, centrally located and most fortunate in its approaches. From it, many delightful trips and excursions may be taken. The details of these will be announced by the local committee. One proposed trip however deserves special mention—the journey by the magnificent new lake steamers to Duluth and return. There is no finer trip than this in the world.

The interest in the Detroit meeting—marked even last summer—has steadily increased, until now it needs no prophet to foretell one of the most enthusiastic and successful meetings our national organization has ever had.

The chairmen of the various sections are busily at work, and propose to present programmes unexcelled for freshness, variety and thoughtfulness.

The Materia Medica Conference will meet on Tuesday, June 16, the day before the Institute and hold three sessions, one at 3 P. M. on Tuesday, another in the evening and the last on Wednesday morning. The programme of the conference has already been published and need not again be presented, but it may be not amiss to state that nearly all the prominent men in the school have signified their intention of being present and taking part in the discussion that will follow the presentation of the essays, etc.

The vital importance of this conference, and its significance to the homœopathic school, imposes upon each member of the Institute the duty of earnestly supporting and aiding its labors.

The value of the coming meeting, that which will enhance the dignity and standing of the Institute and ensure the approval of the profession and the sympathy of all students, in every science, depends upon the character of the scientific work done.

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The best work, the widest experience, the most profound thought must be found at Detroit. The annual circular to be issued in May will give full information regarding the details of the meeting. Let every member make preparations now to attend what promises to be one of the most important meetings ever held. And let there be along the whole line in this centennial year of homœopathy a determination to celebrate it by increasing the membership of the Institute in such a signal fashion that our numbers may be doubled. Let each one who attends bring at least one new member with him and those who are obliged to remain away send two. Fraternally yours,

E. H. PORTER, *General Secretary.*

ANNOUNCEMENT LOCAL COMMITTEE OF ARRANGEMENTS.

Almost immediately following the adjournment of the American Institute at Newport, steps were taken by the local committee of arrangements to prepare for the next meeting to be held in Detroit. The local committee was made to include all members of the Institute in our state, together with many representative members of the profession throughout the state who are not members of the Institute. From these, sub-committees were appointed to take charge of the various portions of the work, and these are now actively engaged in the performance of their duties. The chairmen of the sub-committees are: hall, Harold Wilson; hotels, W. M. Bailey; reception, C. C. Miller; entertainment, M. J. Spranger; finance, R. C. Olin; press, S. H. Knight; exhibits, R. H. Richards; printing, Virginia T. Smith; lady visitors, E. Louise Orleman; railroads and excursions, H. C. Brigham.

The work of some of the committees is already far advanced, that of others less so, because of the character of the work.

The hall committee were very fortunate in securing Harmonie Hall for the place of meeting. It possesses the following points of merit: It is new, handsome, commodious, well-lighted, central, and yet undisturbed by noise; it supplies an audience room seating 1,200 people with a stage accommodating 100 to 200 more, a sectional meeting room seating 300, rooms for all the committees and officers of the society, post-office, Bureau of Information and Registration, Meissen, etc., with other conveniences that the Institute has rarely if ever enjoyed. For this reason it is contemplated having the "headquarters" in the hall instead of at some hotel as heretofore. The building has been engaged for the entire week so that it will be at the disposal of the Institute constantly both day and evening.

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Three well-appointed hotels in the heart of the city, the most distant being only a few blocks from the place of meeting and reached directly by electric street cars (8 tickets for a quarter) will be at the disposal of the guests, and will be ample to accommodate all who attend. Rates range from $2.00 to $4.00 per day. The three hotels mentioned are the Cadillac, Russell House, and the St. Claire, and rank in size in about the order named, all being first-class in every respect. In addition to these are several public and private hotels contiguous to the hall, in which much lower rates prevail.

Few cities are better situated to provide entertainment for conventions of any sort than is Detroit, and the various committees will see that their guests do not lack in this respect.

The railroad and excursion committee will, in conjunction with the transportation committee of the Institute, arrange to offer visitors delightful lake trips, coming to or going from, or from Detroit and return after the session. Lake travel is at its best in June—the water is placid, steamers and resort hotels are not over-crowded, fishing and hunting unexcelled, and the scenery of our northern lake region in all its glory. Tourist rates will be arranged for, and no more delightful outing can be conceived of, while at the same time our friends of the East, South, and West may form some conception of the magnitude of the commerce of our great inland seas, and the wealth of our forests and mines.

Detroit is such an ideal convention city, so centrally situated, so contiguous to and easily reached from Boston, New York, Philadelphia, Pittsburg, Baltimore, Washington, Buffalo, Cleveland, Cincinnati, St. Louis, Chicago, Milwaukee, St. Paul and Minneapolis, and even Denver (that eastern city in the West), that the attendance during the coming session (June 17 to 24) should exceed that of any previous one. "Coming events cast their shadows before," and judging from these, it will do so. Moreover the unusual and important character of the scientific work outlined for this meeting involving as it does the celebration of the Centennial of Homœopathy, merits the attendance and coöperation of every homœopath in the country, from the Atlantic to the Pacific. Michigan in behalf of our great national representative Society extends a cordial invitation and welcome to all.

D. A. MacLachlan,
Chairman Local Committee of Arrangements.

HOMŒOPATHY'S CENTENNIAL.

Editor New England Medical Gazette:

The committee on the Centennial of Homœopathy, Dr. Pemberton Dudley, chairman, made its final report at the New-

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port meeting of the American Institute. This report was so thoughtful and so well considered that it met the unanimous and instant approval of the Institute and agreeably to the recommendation contained in the report, I request the aid of your valuable journal in bringing before the homœopathic profession the practical suggestions offered. The report speaks for itself and I shall therefore quote largely from it, but I may add that the Institute was aroused to an intensely earnest interest and hoped that the recommendations contained in it would be acted on by the profession. Certainly no more favorable time could be selected to advance the interest of homœopathy than the present. If in each centre the homœopathic physicians would get together and organize to carry out some of these suggestions of the report, great results would follow. The report says in part:

"The American Institute of Homœopathy could hardly feel much enthusiasm in any celebration which had for its object the mere glorification of a man, even though that man were Hahnemann. Still less, probably, would she care to employ such an occasion for the purpose of paying empty compliments to her own members living or dead. Least of all could this Institute have any patience with the thought of a mere jubilant hurrah, whose influence should end with the last sputter of its expiring fireworks. For any such celebration we have neither the time, the talent, nor the inclination.

"In our commemoration of the event of 1796, we should have before us, as its principal object, the promotion of the cause which was then inaugurated. In other words, the celebration should be in strict harmony with the "objects" for which this Institute was organized, as expressed in the opening article of its Constitution. In carrying out these objects, we suggest and recommend that the celebration shall be directed to the following specific purposes, namely:

"(a) To pay honor to the character, genius, and labor of Hahnemann, and to the worth of his discovery.

"(b) To establish memorials of the man and of his discovery.

"(c) To reëxamine the law of similars in the light of modern knowledge and science.

"(d) To employ the occasion as a means and opportunity for further extending the knowledge and influence of homœopathy, and for imparting a new impetus to its development.

"The central thought of the celebration should be the discovery promulgated in 1796—the law of similars. Public and professional attention should be drawn as strongly as possible to this particular subject as the distinctive and essential "truth" of homœopathy, while other truths taught by Hahnemann and held by his followers should, for the time being, occupy a

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secondary place. This sharp distinction should be made for the purpose of forcing public and professional recognition of the real and essential question at issue between the two methods of medical practice.

"In the view of your committee, the celebration should not be restricted to the national society, but in certain ways should be coextensive with our country, and its influence maintained throughout the centennial year.

"We recommend that, so far as the Institute is directly concerned, the arrangements and details of the celebration should be in charge of a committee consisting of the executive committee of the years 1895 and 1896 acting conjointly.

"We also recommend that the duties of the said joint committee should include the following:

"(a) The committee should prepare a circular, giving an outline of the proposed celebration, including all the recommendations adopted by the Institute in relation thereto, and send copies thereof, not later than December 15, 1895, to all the homœopathic journals published in the United States, requesting its publication in the first issue of 1896 together with editorial comment upon the subject, and also requesting each journal to publish, during the year, such further favorable comment as its editor might deem expedient.

"(b) The committee should recommend in said circular, that each state and local society provide a celebration of its own, of such a character as to draw public attention to the Centennial of Homœopathy and the important results of Hahnemann's Law of Cure.

"(c) Also that the friends of each homœopathic hospital in the United States should, during the year, endow at least one bed in perpetuity, to be so designated and inscribed as to constitute a permanent memorial of the Centennial, and of the event which it celebrates.

"(d) Also that each city and large town, not already provided with a homœopathic hospital, should during the year, inaugurate a movement to secure such an institution."

In addition the Institute in accordance with the suggestion of the report celebrates the Centennial of Homœopathy by a public meeting when the address "The Hahnemann Oration" shall be delivered by the president.

Three centennial addresses on the Law of Similars will also be delivered as follows:

(1) "The Rational Basis of the Law of Similars;" (2) "The Experimental Demonstration of the Law of Similars;" (3) "The Clinical Efficacy and Superiority of the Law of Similars."

It will be seen that this celebration will lend increased interest to the Detroit meeting. By interesting local newspapers in

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the matter and making public the needs of the Hahnemann Monument Committee much needed aid may be had. This report so timely and so suggestive, will, I trust, be acted upon by your readers and receive your cordial support. Fraternally yours, E. H. PORTER, *General Secretary, A. I. H.*

THE CENTENNIAL ADDRESSES ON THE LAW OF SIMILARS.

The three Addresses on the Law of Similars, provided by order of the American Institute of Homœopathy for the Centennial Celebration at Detroit next June, will be delivered as follows:

1. "The Logical Basis of the Law of Similars: Does it Commend Itself to our Reason?" By Richard N. Foster, M. D., of Chicago, Ill.

2. "The Experimental Demonstration of the Law of Similars: Can its Existence and Operation be Proved?" By M. W. Van Denburg, M. D., of Fort Edward, N. Y.

3. "The Clinical Efficacy and Superiority of the Law of Similars: Is it a Reliable Guide in the Practice of Medicine?" By John P. Sutherland, M. D., of Boston, Mass.

These three addresses are designed to include and constitute a Reëxamination of the Basis and Ground-work of Homœopathy, instituted after a hundred years of experimental probation and in the light of modern knowledge. They will be of a rigidly scientific character and will present, not a mere mechanical recital of facts and statistics, but a philosophic review and discussion of the subjects treated, and will be absolutely free from undignified statements and uncourteous allusions. They will undoubtedly form one of the most attractive features of the Detroit meeting.

PEMBERTON DUDLEY, *President, A. I. H.*

AMERICAN INSTITUTE OF HOMŒOPATHY, HAHNEMANN MONUMENT COMMITTEE.

Editor New England Medical Gazette:

Dear Doctor:—I would like to supplement the suggestion of Dr. B. W. James, that the different societies celebrating Hahnemann's birthday this year call particular attention to the matter of the monument, by furnishing your readers a report of the work that has been done.

At the meeting at Washington when the project of erecting a monument was proposed, it is probable that nothing more

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extensive was contemplated than a bronze statue on a granite base, similar to the one erected at Leipsic, and this would have been deemed sufficient by most of the members. For the building of such an one more than sufficient money has been subscribed and enough already paid in. Whereas the model which received the unanimous approval of the joint committees called for a structure of limestone, the committee later on decided to erect one of more enduring material, even at an enhanced cost, and without a dissenting voice agreed upon imperishable granite.

The work on the monument is progressing satisfactorily. The statue is about finished in clay, and will soon be ready for the finishing touches at the hands of the artist, when it will be put in plaster, and ready to be cast in bronze. Half-life-size sketch models of the four bas-reliefs, representing the four epochs in Hahnemann's life, have been submitted for approval. The first represents him as a student in his garret at Meissen with his historic lamp on the table before him, poring over his books; the second as a chemist in his laboratory at Dessau with an assistant watching the precipitation of his soluble mercury. The third panel represents him lecturing to his pupils at Leipsic, and here we have an opportunity of introducing portraits of some of his students. The fourth panel represents him at Coethen by the bedside of a child, at whose head stands the mother or nurse, who will probably represent Hahnemann's first wife, of whom we have a portrait.

Full-sized models in plaster have been made of all the granite carvings which will soon be sent to Portland, Me., where the stone is quarried. They are now at the exhibition of the Architectural League at the Academy of Fine Arts in this city.

Our bill introduced in the United States Senate by Senator Gallinger of New Hampshire and into the House of Representatives by Mr. Dalzell of Pennsylvania, offering the monument to Congress and asking an appropriation to build the foundation, was referred to the joint committee on library.

In the booklet issued by the committee, there was published an account of what had been done, with a preliminary description of the monument.

We have received contributions, from sections of the country where we scarcely expected there was sufficient interest taken in the undertaking, or appreciation of the method of cure, as would find expression in such tangible form. One physician in one of the smaller cities recently sent a check for $200, from one of his lady patients. We have had other lay contributions of $150, several of $100, and so down to $5. This leads us to think that there are but few physicians throughout the country, who cannot, among their patients raise something for such an

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undertaking, the beneficent results of which neither the profession nor public as yet scarcely appreciates. Yours fraternally,

HENRY M. SMITH, *Secretary and Treasurer.*

THE HAHNEMANN MONUMENT.

To the Editor of the New England Medical Gazette:

Dear Doctor:—Hahnemann's birthday is approaching, and should be made the occasion of a great demonstration. We must ourselves honor Hahnemann if we would have him honored. This year also marks a great Centennial. It is just one hundred years since Hahnemann published, in Hufeland's *Journal,* his famous paper on "A new principle for ascertaining the curative powers of drugs." This was the first gun fired in the mighty revolution in medicine which has transpired in this century.

It has been proposed by Dr. Bushrod James that Hahnemann's birthday should be made the occasion of a contribution by every homœopathic physician in the United States to the monument.

The models of the monument are about completed, and it will be a magnificent memorial. No homœopathic physician can afford to have his name missing in the list of contributors. Let the contributions be sent at once to Dr. Henry M. Smith, 288 St. Nicholas Avenue, New York, and they will be promptly acknowledged. The list of contributors is soon to be published and should include every member of the profession. A grand rally and the work is done. Fraternally yours,

J. H. MCCLELLAND, *Chairman Monument Committee.*

P. S. Contributions can be made through local organizations if preferred.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

Honorary President, Doctor Dudgeon; President, Doctor Pope; Vice-President, Dr. Dyce Brown; Treasurer, Dr. J. G. Blackley; General (Permanent) Secretary, Doctor Hughes, 36 Sillwood Road, Brighton; Local Secretaries, Doctor Hawkes, 22 Abercromby Square, Liverpool, Mr. Dudley Wright, 55 Queen Anne Street, London, W.

In accordance with the resolutions passed at the British Homœopathic Congresses of 1894 and 1895, the following will be the arrangements for the above-mentioned gathering:

1. The Congress will be held at Queen's Hall, Langham Place, London, during the first week in August—Monday the 3d to Saturday the 8th inclusive.

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2. The Congress is open to all qualified to practise medicine in their own country; and members will be at liberty to introduce visitors to the meetings at their discretion.

3. The general meetings will be held on Tuesday, Wednesday, Thursday and Friday, from 2.30 to 5.30 P. M., and on Saturday at 2 P. M., which will be for business only, and will be held at the Hospital, like the sectional meetings. Sectional meetings can be held in the Board-room of the London Homœopathic Hospital, Great Ormond Street (which has kindly been placed at the Congress's disposal for the purpose) during the forenoons, as may be arranged among the members themselves.

4. No papers will be read at the general meetings. The accepted essays will be printed and supplied to all who desire to take part in the debates on their subject matter. They will be presented at the meetings singly or in groups, according to their contents—a brief analysis of each being given from the chair; and the points on which they treat will then be thrown open for discussion, after an appointed opener (or openers) shall have been heard.

5. The following is the order of business as far as is at present arranged:

Tuesday, August 4th.

Address of the President.

Presentation of Reports from the different Countries of the World as to the History of Homœopathy therein during the last five years. Of these we have promises from Great Britain, India, Australia, and New Zealand; from Belgium and Denmark; from France, Switzerland and Portugal. We want reporters from Canada, Holland, Germany, Austria, Spain, Mexico, Italy, and the South American Republics.

Discussion.—On the Condition and Prospects of Homœopathy at the present time, and the best means of furthering its cause.

Wednesday, August 5th. Institutes of Homocopathy and Materia Medica.

For this day we have promises of the following papers:

"Drug-selection by Sequence of Symptoms," by Doctor Ord.

"New Provings of Aurum," by Doctor Burford.

"A New Posological Law," by Dr. V. Léon Simon.

"The Place of Animal Extracts in Homœopathy," by Doctor Clarke.

"The Clinical Value of Tuberculin," by Doctor Cartier.

The first two and last two will probably be discussed at the general, the third at a sectional meeting.

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Thursday, August 6th. Practical Medicine, with Diseases of Eye, Ear and Throat.

In the Ophthalmic Department we are promised a paper from Dr. Bushrod James on the treatment of Strumous Ophthalmia; and in the Aural, two on the possibilities of Medicinal Treatment in Deafness, by Drs. Hayward Sen. and Cooper. These subjects will be discussed at the general meeting, together with an American essay on some point in clinical medicine as yet unnamed. At a sectional meeting in this branch Doctor Hughes will bring forward the action of Colchicum in Gout, and Dr. Oscar Hansen that of Mercury and Iodine in Syphilis.

Friday, August 7th. Surgical and Gynaecological Therapeutics.

The only material as yet in hand for this day's discussions is an essay by Dr. J. D. Hayward on "Some Experiences with Purulent Collections in the Thorax." Our American colleagues, however, have undertaken to supply two more papers on the day's topics, in which they have worked so largely and so well.

It will be seen from the above that our object is to discuss subjects rather than individual papers. Of the latter, therefore, we have no further need; but we should be very glad of additional communications on the topics already specified, and on those which will be later announced as chosen by the American committee which is coöperating with us. All communications relating to the work of the Congress should be addressed to the general secretary. The local secretaries will be glad to afford information relative to accommodation, etc. In connection with this it may be mentioned that the members of the British Homœopathic Society resident in London are being invited to open their houses, where practicable, to guests from abroad.

The president will hold a reception on Monday evening, at the Queen's Hall, for the members of the Congress, with the ladies of their families.

February, 1896.

INTERNATIONAL HOMŒOPATHIC CONGRESS, LONDON, AUG. 3, 1896.

The International Congress has been postponed till August 3. This committee desires to announce that it has made the following arrangements for transportation to and from the Congress: The White Star Steamship *Britannic* sails from pier 45 North River, New York, on Wednesday, July 22, at 10 A.

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M., and is due in Liverpool on July 30, giving ample time for a run through the Shakespeare country before the meeting. Accommodations for a limited number have been secured on this steamer. The return trip may be made on the *Britannic* or *Germanic*. The following are the rates: $104, $117.50 and $131, for the round trip according to accommodations. If the return trip be made on the *Teutonic* or *Majestic* a differential rate will be required.

The following is the sailing list of the White Star Line from Liverpool to October 1: *Germanic*, August 19; *Teutonic*, August 26; *Britannic*, September 2; *Majestic*, September 9; *Germanic*, September 16; *Teutonic*, September 23; *Britannic*, September 30.

Another most attractive and interesting route is recommended by the Committee. The Dominion Line Royal Steamship Co., running between Montreal and Liverpool have offered superior accommodations at reduced rates on their fast and popular steamer *Labrador*, sailing from Montreal at daybreak on July 25. This line offers the round trip for $100, outside rooms.

The sail down the beautiful St. Lawrence river, a visit to Quebec, so full of historical interest, a thousand miles less of the ocean are all special features which should commend this line. The landing is made at the River Side Station in Liverpool, and a special train for London always leaves within an hour after the arrival of the *Labrador*, the fare being about $4.50. The following is a list of the return sailings of this line: *Vancouver*, August 27; *Scotsman*, September 3; *Vancouver*, October 1; *Scotsman*, October 8. The new steamer *Canada* will sail on the 10th or 24th of September.

It is expected that this steamship which is now building, the largest and finest steamer that ever entered the St. Lawrence, will have taken her place on this line before the Congress meets; in such case if dates suit arrangements will be made to change to that ship. The Dominion Line also affers to allow the transfer of tickets between members thus allowing those sailing on the *Britannic* to return *via* Montreal. The benefit of going one way by each route will thus be had. Montreal is as easily reached from the West and New England as is New York. This company has given us the lowest rates and the best accommodations. Extra rooms can be obtained at a trifle extra cost. That members will receive the best of treatment from them goes without saying; they are working to secure a share of American trade and are soon to put on an entirely new fleet of steamers. The *Canada*, the first one, is now about completed.

The following letter will explain what arrangements have been made in London for the entertainment of members:

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55 Queen Anne Street,
Cavendish Square, W. London.
Jan. 21, 1896.

Dr. W. A. Dewey, Secretary International Homœopathic Congress.

Dear Sir:—I have not replied to your note of November 13 before this as I have been making arrangements for the meeting and the reception of our American colleagues in London. The following arrangements have been made: The meeting will take place at the Queen's Hall, Langham place, in the "Small Hall." The evening of August 3, Monday, will be set apart for a reception of the members of the Congress by the officers in the hall above mentioned. The Board of Management of the London Homœopathic Hospital have kindly put the Board Room at the disposal of the members of the Congress in the mornings for sectional meetings. As regards hotel accommodations, at the Bedford Hotel, 93 Southampton Row, Holborn; the Temperance Hotel, Montague House, Montague St., Russell Square, board and residence can be obtained at the rate of from 7s. a day if a residence of a week is made, but not for shorter periods, and only on giving notice beforehand that these terms are required; at the "Inns of Court Hotel," Lincoln's Inn Fields and Holborn, a most substantial and excellent hotel in every way, full board and residence can be obtained for 12s. a day for a week or less than a week, or bed, breakfast and attendance at the rate of 7s. a day. I can thoroughly recommend the latter place; it is conveniently situated moreover, being within easy reach of the Hospital and seven minutes "bus" ride of the Langham Hall. Yours sincerely,

DUDLEY WRIGHT.

It is most important that those contemplating the trip notify the secretary of this committee at once, and also the date of their return passage. Berths can only be secured by a deposit of $25. Further information, cabin plans of ships, etc., may be had on application to the secretary.

Respectfully submitted. *Committee on International Congress.*

W. A. DEWEY, M. D., *Secretary,*
170 West 54th St., N. Y.

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The Treatment of Influenza or La Grippe.

—:—

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence; and "trusts the rest to nature."

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx.
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia & Quinine Tablets, No. xxx.
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

℞ Antikamnia & Salol Tablets, No. xxx.
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia & Codeine Tablets, No. xxx.
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

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Diseases of the Throat and the Nose.	SENIOR PROF. WESLEY A. DUNN, M. D. PROF. C. GURNEE FELLOWS, M. D.

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THE

NEW-ENGLAND MEDICAL GAZETTE.

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COMMUNICATIONS.

—:o:—

"*SIMILIA SIMILIBUS CURENTUR.*"

To the Editor of the New England Medical Gazette: —

Inasmuch as there exists a misconception concerning the phraseology employed by Hahnemann in the expression of his rule or law of similars, it may be interesting as well as timely to quote directly from his writings the paragraphs in which alone, as far as is known, he uses the Latin formula. Through the kindness of Dr. Conrad Wesselhoeft, an opportunity has been afforded of examining the second, third and fourth original German editions of the Organon. In each of these editions, as will be noted in the extracts quoted, the words employed by the author to express his therapeutic principle are "*Similia similibus curentur.*" Dr. Robert E. Dudgeon, the Nestor of homœopathy and the recognized authority concerning the works of Hahnemann, writes in the Appendix to his translation of the Organon (Ed. 1893, p. 206), "Hahnemann always wrote the formula *similia similibus curentur*, thereby giving an imperative or mandatory turn to the phrase." In the translation of the Organon by Dr. Wesselhoeft,* the phrase was correctly transcribed, but is incorrect as printed. The common usage of the words should be corrected unless there exists a desire to misquote the words of Hahnemann; in the approaching centennial celebration of the enunciation of this therapeutic rule, a fitting opportunity is afforded to popularize the correct rendering.

It may be added that the primary meaning of "*curare*" is "to care for" or "to treat"; the Latin word meaning "to heal" or

661 Boylston St., Boston, March 21, 1896.

* *My dear Doctor Talbot,*—Everything you say regarding the propriety of saying "curentur" for "curantur" has my entire approval.

Yours sincerely,

C. WESSELHOEFT.

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"to cure" is "*sanare.*" The phrase as used by Hahnemann is, in brief, always, "*similia similibus curentur*": a satisfactory translation is "Let likes be treated by likes." It is termed by Hahnemann a "guiding rule" (Satz) or "law" (Gesetz).

In closing, as the books themselves are rare, an accurate transcription is given below of the passages to which reference is made.

Very sincerely,

WINTHROP T. TALBOT, M. D.

685 Boylston St., Boston.

ORGANON DER HEILKUNST.

VON SAMUEL HAHNEMANN.

DRESDEN, 1819.

Zweite Auflage.

"Im Gegentheile hievon lag die Wahrheit, der ächte Heilweg. Er beruht auf dem Satze; *Wähle, um sanft, schnell, gewiss und dauerhaft zu heilen, in jedem Krankheitsfalle eine Arznei, welche ein ähnliches Leiden (ὅμοιον πάθος) vor sich erregen kann, als sie heilen soll* (similia similibus curentur)!" —*P. 29.*

ORGANON DER HEILKUNST.

VON SAMUEL HAHNEMANN.

DRESDEN UND LEIPZIG, 1829.

Vierte verbesserte und vermehrte Auflage.

"II. BEISPIELE UNWILLKÜRLICHER, HOMÖOPATISCHER HEILUNGEN BISHERIGER AERTZTE DER ALTEN SCHULE.

So curirte man bisher die Krankheiten der Menschen nicht nach Gründen, die auf Natur und Erfahrung fest standen, nicht mit den geeigneten Mitteln, sondern theils nach willkürlich erdachten Heilzwecken, theils in Nachahmung der indirecten Veranstaltungen der sich zur Selbsthülfe allein überlassenen, nur nach den Gesetzen der organischen Einrichtung unseres Körpers in Krankheiten zu wirken gezwungenen, nicht nach Ueberlegung das Beste zu erdenken und zu wählen fähigen, verstandlosen, bloss animalischen Lebenskraft, die man, leider, für die weiseste Lehrmeisterin der Heilkunst hielt, und sogar ihr instinktmässiges Verlangen in Krankheiten nach opponirt wirkenden Erleichterungs-Mitteln und Palliativen durch die Curart *contraria contrariis* nachahmte.

"Durch Beobachtung, Nachdenken und Erfahrung fand ich, dass im Gegentheile von letztern die wahre, richtige, beste Heilung zu finden sey in dem Satze *similia similibus curentur*: *Wähle, um sanft, schnell, gewiss und dauerhaft zu heilen, in*

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jedem Krankheitsfalle eine Arznei, welche ein ähnliches Leiden (ὅμοιον πάθος) *für sich erregen kann, als sie heilen soll!*"—*P. 51.*

ORGANON DER HEILKUNST.

VON SAMUEL HAHNEMANN.

DRESDEN UND LEIPZIG, 1833.

Fünfte verbesserte und vermehrte Auflage.

"Es war hohe Zeit, dass der weise und gütige Schöpfer und Erhalter der Menschen diesen Gräueln Einhalt that, Stillstand diesen Torturen gebot und eine Heilkunst an den Tag brachte, die das Gegentheil von allem diesem, ohne die Lebenssäfte und Kräfte durch Brechmittel, jahrelanges Darmausfegen, warme Bäder und Schwitzmittel oder Speichelfluss zu vergeuden, oder das Lebensblut zu vergiessen, ohne auch durch Schmerzmittel zu peinigen und zu schwächen, ohne den Kranken mittels langwierigen Aufdringens falscher, ihrer Wirkung nach ihnen unbekannter Arzneien angreifender Art, statt die an Krankheiten Leidenden zu heilen, ihnen neue, chronische Arzneikrankheiten bis zur Unheilbarkeit aufzuhängen, ohne selbst durch heftige Palliative, nach dem alten beliebten Wahlspruche: *contraria contrariis curentur*, die Pferde hinter den Wagen zu spannen, kurz ohne die Kranken, wie der unbarmherzige Schlendrian thut, statt zur Hülfe, den Weg zum Tode zu führen—im Gegentheile, die der Kranken Kräfte möglichst schont, und sie auf eine gelinde Weise, mittels weniger, wohl erwogener und nach ihren ausgeprüften Wirkungen gewählter einfacher Arzneien in den feinsten Gaben, nach dem einzig naturgemässen Heilgesetze: *similia similibus curentur*, unbeschwert, bald und dauerhaft zur Heilung und Gesundheit bringt; es war hohe Zeit, dass er die Homöopathie finden liess."

Durch Beobachtung, Nachdenken und Erfahrung fand ich dass im Gegentheile von der alten Allöopathie die wahre, richtige, beste Heilung zu finden sey in dem Satze: *Wähle, um sanft, schnell, gewiss und dauerhaft zu heilen, in jedem Krankheitfalle eine Arznei welche ein ähnliches Leiden* (ὅμοιον πάθος) *für sich erregen kann, als sie heilen soll!*"

"Diesen homöopathischen Heilweg *lehrte* bisher niemand, niemand *führte ihn aus.* Liegt aber die Wahrheit einzig in diesem Verfahren, wie man mit mir finden wird, so lässt sich erwarten dass, gesetzt, sie wäre auch Jahrtausende hindurch nicht *anerkannt* worden, sich dennoch thätliche Spuren von ihr in allen Zeitaltern werden auffinden lassen?" *

* "Denn Wahrheit ist gleich ewigen Ursprungs mit der allweisen, gütigen Gottheit. Menschen können sie lange unbeachtet lassen, bis der Zeitpunkt kommt, wo ihr Strahl, nach dem Beschlusse der Fürsehung, den Nebel der Vorurtheile unaufhaltbar durchbrechen soll, als Morgenröthe und anbrechender Tag, um dann dem Menschengeschlechte zu seinem Wohle zu leuchten heil un dunauslöschlich."—*Pp. 61 & 62.*

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THE TREATMENT OF UTERINE DISEASES OTHER THAN SURGICAL.

BY MARY E. MOSHER, M. D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

In the treatment of uterine displacements we should consider that method the most successful which gives the greatest benefit to the patient, not only in the immediate, but in the after-effect, with the least risk to life and the least general disturbance physically and mentally. We should decide which treatment in the particular case is best—medical, which includes hygienic, mechanical, or surgical. In examining the patient preliminary to treatment we must have the bladder and rectum emptied before making a positive diagnosis; as the position of the uterus is influenced more by the fulness of the bladder, less by the fulness of the rectum. While Henke insists that the retroversion found in the cadaver is the normal position in the living woman, Schultze, Foster, and the majority of authorities claim that bladder and rectum being empty, the normal position is anteversion. The uterus being normally movable to a great degree we must bear in mind that changes in the position of the uterus become displacements only when they are more or less stable;—and that unless there are adhesions or inflammatory or congestive conditions in the uterus or surrounding tissues, that in many cases the mere malposition of the uterus will not cause serious disturbance.

Many times in a patient complaining of severe backache, constipation and urinary disturbances we may find on examination a clearly defined case of retroversion; and yet pelvic inflammation at any point may cause urinary disturbances and we may find more adequate cause for these distressing symptoms in the rectum than from the position of the uterus, providing the surrounding tissues are in a healthy condition.

Cases of anteversion and flexion are uncommon. They can only be an exaggerated condition of the normal, and usually cause no disturbance. While Doctor Thomas reports four cases of anteversion so severe as to interfere with locomotion and which were cured by the use of the anteversion pessary, Hart and Barbour think it improbable that mere anteversion causes any trouble; and Kustner maintains that anteversion and flexion as pathological conditions should be entirely done away with. I will, therefore, deal only with the most common and most troublesome conditions: retroversion, flexion and procidentia. Cases of either are rare in the unmarried, unless complicated by ovarian tumors, peritoneal adhesions or the result of traumatic injury.

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Causes.—The trouble dates chiefly from the puerperal period, lacerations of the cervix causing inflammation and thickening of the tissues, and a morbid condition of one or more of the ligaments or muscular supports of the uterus. A relaxed condition of the retractors might be caused by severe straining at stool or severe exertion with a full, distended bladder. As for symptoms, rectal tenesmus, backache, headache, constipation, digestive, urinary and menstrual disturbances, failure of the memory, incapacity for prolonged mental effort, symptoms of metritis and peritonitis; in fact almost every symptom known may be traced to retroversion, and yet we have all seen the most aggravated forms of retroversion and even procidentia causing no subjective annoyance; for when the acute or subacute inflammation is relieved the patient may feel perfectly well although the displacement still persists. The organism seems to have gradually accommodated itself to the abnormal condition of things.

Treatment.—As the majority of cases have their origin at parturition, the prophylactic treatment should commence then. We should see that the uterus is in normal position before allowing the patient to get up, sewing the perineum at the time of laceration. In the treatment of retroversion the proper evacuation of the rectum and bladder is of preëminent importance, so we should see that the bladder does not become distended at the time of parturition; thus guarding against injury to the utero-sacral ligaments. An abdominal band should be worn some weeks after childbirth until all the supports of the uterus have regained their normal strength. The hygienic treatment which should be considered in the treatment of all disease, and is especially useful in the treatment of displacements, differs little from the usual hygienic measures. Good, nutritious food, gentle exercise in open air, removing the weight of the intestines by abdominal bands, having all skirts suspended from the shoulder, gymnastic exercises, use of the genu-pectoral position, salt water sitz baths; the wet pack applied to the hypogastrium and kept on all night will relieve pain and stimulate absorption,—in fact anything which tends to improve the general tone of the patient's mental and physical condition. As almost all symptoms exist in displacements we should have to select from a large number of remedies the one best suited to each case. As inflamed conditions in other parts of the body can be acted on by remedies, so also can the inflamed and thickened tissues caused by laceration of the cervix be reduced greatly with the internal remedy. And even if we have to resort to mechanical means the internal remedy should still be continued, as it will hasten the time when the cure is established and the pessary put aside. Ferrum

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iodatum, sepia, secale and nux vom. have been my chief remedies with bell. for the acute stage. One case where the patient said the headache had been more or less constant for five years was cured with sepia. The retroversion seemed improved, the pelvic organs and tissues less sensitive, the headache and backache cured. It is now over a year and as yet there has been no return of the symptoms. If the metritis disappears under treatment the flexibility of the uterus is restored and dysmenorrhœa will often disappear. Working with the internal remedy should be the local treatment of softening up the adhesions by means of glycerine, either plain or borated,—getting the uterus in position by means of repeated gentle manipulations, and keeping it in position by means of support and toning up the system by means of electricity. Preparatory treatment of hot douches will soften adhesions. Tampons should be used for two purposes; as a vehicle for the medicament, and as a means of support, exerting pressure on the uterus. A great deal of good and no harm can come from massage if all inflammatory conditions have disappeared. The Brandt system of massage gives very gratifying results to those who have tried it. Electricity, properly applied, is one of our best helps in the treatment of displacements. If an hypertrophied elongated cervix, or relaxation of the retractors be the cause of procidentia (and some authors think it nearly always so), then we could reasonably expect a marked improvement from electrical treatment in restoring the natural tonicity to the tissues. The treatment should be to restore the organ and reduce the size. Many of the symptoms are reflex and here electricity is one of the best adjuvants. At the Electrical Convention held in Boston last month Dr. George Percy reported a very aggravated case of procidentia cured by electricity after the use of pessaries and other treatment by skilled physicians.

When in spite of our efforts the uterine condition still persists in disturbing the patient, we must resort to pessaries. The majority of cases will yield to either of the treatments mentioned or all combined. And from none of these should we expect harm, while a great deal of harm may be and has been done from the wearing of pessaries. Emmett says: "The subject of pessaries is one of the most important and least understood. The practitioner to become an expert in fitting a pessary so it will do no harm must have a decided mechanical talent; and that the full benefit may be derived from its use, he must be able to appreciate slight shades of difference which would be entirely overlooked by others." At the German Gynæcological Society, Fritsch declared that he considered it easier to perform a laparotomy than to apply a well-fitting

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pessary. A pessary should be inserted at a time when there is no tenderness or sensitiveness from inflammation and must perfectly fit. And as this fitting requires both mechanical ingenuity and great experience in the examination of these parts, that the size and shape may be accurately known, who but a skilled gynæcologist has a right to use pessaries? Then when we find our patients need pessaries unless absolutely competent we should take them one and all to a specialist and have no more fear of the patient losing confidence in our ability than if we took them to be fitted to a truss or artificial limb. The organ should be restored to place and the pessary inserted. If the efforts at reposition are attended with a good deal of pain, an anæsthetic should be given. A pessary supported from the outside is especially to be condemned as the patient has to manipulate it constantly.

Surgery.—I believe that while in some diseases of women surgery should be resorted to as soon as the diagnosis is made, in the ordinary displacements of the uterus it should be the last resort and only after the local and internal treatments have been persistently tried, and I will relate a case where surgery was tried in the first place with the result of curing the displacement but with the most serious effects three years later. Slower methods may lead to the same results with fewer attendant dangers. Dr. Horace Tracy Hanks says that "in our efforts at palliative treatment we often forgot that we were doing as much good and fulfilling as grand a mission as if we were performing some brilliant major operation." Winckel says that in ventral fixation and Alexander's operation of shortening the round ligament instead of an abnormal position we have an abnormal fixation and it is doubtful if the latter causes less trouble. Dr. J. Duncan Emmett thinks that ventral fixation, Alexander's operation and all operations by which the uterus is strung up from above, are non-surgical. Freund's operation of sewing up the vagina in old women is attended with little risk and good results.

A patient of mine before coming under my care went to a private hospital in this city where they advised and performed Alexander's operation for procidentia. The operation was a success and the patient returned home. Later on she became pregnant and came under my care. All through the eight months at the end of which time pregnancy terminated she suffered with urinary disturbances constantly; and towards the last the catheter was used daily. Labor commenced with convulsions at every pain; the cervix would not dilate much, in spite of hot douches, vaginal and rectal, hot belladonna cerate applied to the cervix, and digital and mechanical dilatation. Ether seemed to have little if any effect on the convulsions.

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After sixteen hours of that kind of labor, Doctor Southwick who was there some hours with me, turned and delivered a half-grown, still-born child. The woman made a good recovery. Six months afterward she became pregnant, with the same distressing urinary symptoms. Analysis of the urine negative.

Pregnancy advanced for three months when the water broke, a large amount of fluid escaping, and six hours later labor commenced with pain and convulsions as in the previous case. This time after twelve hours of constant work and with the aid of Doctor Appleton for the last few hours, I succeeded in completing delivery. As the woman had had five children and no such trouble previously, I believe all this dreadful trouble was caused from having the uterus fixed, so that however successful the operation may be in restoring and keeping the position of the uterus, it is reasonable to claim that it should not be performed until after the climacteric.

In conclusion I would say: In the treatment of uterine displacements alone do not use surgical measures until all other means have failed. Remember that any one can insert a pessary, few can fit one. Do not be afraid to call for aid from the gynæcologist or the electrician, and above all use the internal remedies with whatever means employed.

REPORT OF A CASE [*WITH REMARKS*].

BY ALONZO BOOTHBY, M. D.

[*Read before the Massachusetts Homœopathic Medical Society, Boston.*]

The following case is not reported because it is exceptional, but because cases of the sort are met with so frequently, and may serve as an excuse for a few remarks upon operations in general.

The case in question was operated upon the last of August. It is the general impression among the profession as well as in the community at large, that the hot weather of summer is not a favorable time to undertake severe operations if it can possibly be avoided. After careful observations extending over a number of years, my experience has convinced me that the summer months offer one of the most favorable times of the year for the surgeon to do his work. My observation of the reports of other operators confirms this conclusion.

Probably the principal reason that wounds do as well or better at this time, is because the atmosphere of the operating room and that which surrounds the wound, as well as the air the patient breathes, are freer from germs, and contain more

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oxygen, the air coming more directly from out of doors. Then it is probable that there will not be so many inflammatory diseases prevailing at that time. Surgery has come to be almost an exact science and the art is approaching perfection. Almost any operation short of destroying a vital part can be made with impunity, provided one has a reasonably healthy constitution to deal with. Absolute asepsis is probably unattainable, but with intelligent care and persistent effort practical asepsis is assured. It is not attained, however, by every one who talks about operating under strictly aseptic conditions. The one who is most positive in this direction is frequently the one most liable to disappointment. While it is admitted that there are circumstances that make it seem best to operate at the home of the patient, can it be done just as safely as by taking the patient to a hospital? In my opinion there are cases that would just "pull through" under the most favorable hygienic and aseptic conditions, with the best nursing and surgical care, that would succumb under the ordinary conditions of a home.

Miss F., age twenty-four, brunette, short, and inclined to stoutness; of healthy, strong parents; within three years had lost forty pounds in weight.

Aug. 14, 1895, she first came under observation. She had been suffering more or less severe colicky pains for four days; i. e., since the beginning of a menstruation. She had been caught in a rain the day previous to menstruation, and supposed her pains were due to catching cold.

August 16, menstruation ceased and with it the pains. Her temperature, which had been 100° became normal and she was apparently over the attack.

August 22, she was attacked by a sudden chill with a return of the pains. Temperature 102°; pulse 100. On examination there was hardness in the left inguinal region, and tenderness all across the lower part of abdomen. On examination *per vaginam* both tubes were found enlarged. The left tube and ligament were the seat of a fluctuating tumor as large as a hen's egg. Temperature and pulse came down to nearly normal in two days; the pains nearly ceased but the tumor increased in size and an operation was decided upon.

August 28, the abdomen was opened. The omentum and pelvic peritoneum were inflamed. The left tube and ovary were surrounded by inflammatory deposit in a friable condition. Gentle manipulation ruptured it and pus oozed out, showing that pus had escaped from the tube into the peritoneal cavity and had been encased by the inflammatory deposit. All pus was carefully absorbed by sponges, and the mass, including tube and a diseased ovary was removed. The right tube was

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also inflamed and contained a small amount of pus. It was removed with the ovary which was also unhealthy. The pelvis was now cleaned as thoroughly as possible by irrigation with sterilized water; a drainage tube inserted and the wound closed with catgut.

Recovery was uneventful. The temperature was 101½° August 29; August 30, 99.8°, and remained below 99.5° afterwards. There was a moderate discharge from the drainage tube which was entirely removed September 12. A white mucous discharge from the uterus present before the operation still persists. October 1, a slight menstruation. The wound is still open the size of a crow's quill and three inches deep at the site of the drainage tube. There has been but little pain on either side and that mostly at the time of first two fecal discharges.

ELECTRICAL TREATMENT OF DYSMENORRHŒA.

BY EMILY A. BRUCE, M. D.

[*Read before the National Society of Electro-Therapeutists, Sept, '95.*]

The occurrence of more or less pain at the menstrual period is so common that the laity, generally, regard it as quite normal, and efforts to secure temporary relief are all that are deemed requisite in cases not exceptionally severe. Some physicians, also, seemed inclined to accept this idea, and satisfy themselves with palliation instead of seeking out and removing the cause.

The menstrual function is a perfectly physiological one, and should be no more painful than the digestion of food. Many women menstruate without the least discomfort. This symptom is almost invariably amenable to treatment, and should not be neglected, as the repeated attacks of violent pain have a disastrous effect on the general health; while the disorder producing the pain surely increases as time goes on if left to itself. Pathological states rarely remain stationary for a term of years. That there is almost without exception some lesion causing this symptom is unquestionable, although often difficult to locate with absolute precision; the more so since so considerable a percentage of these cases are dependent upon the implication of minute ramifications of the sympathetic nerves, caught in a cicatrix or compressed by some abnormal growth or sharp flexion.

Of the many types of this derangement described the neuralgic, ovarian and membranous are comparatively rare; while obstructive, congestive and tubal are more common.

For the obstructive many and well-known causes exist; as spasm of the inner os, sharp flexions, abnormal growths of the

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body or cervix, etc. Occasionally, one meets with a condition of cervical stenosis from the action of the positive pole or other cauterizing agent, as well as from the hand of the operator, who, in repairing the lacerated cervix, has used the needle not wisely but all too effectually. Flexions play a considerable part in the production of difficult menstruation in young girls. A few of these cases are doubtless attributable to congenital malformation, local muscular weakness or accident; but the majority are, I believe, the direct result of the "forming" process to which not a few girls are subjected by mothers who hope by the aid of corsets and other torturing appliances to improve upon the work of Nature. Compression of the body at the waist tends to dislocate downwards the vital organs of that region, besides interfering directly with the return of the venous blood from the parts below. Add to this the dragging of heavy skirts upon the abdomen, hips and spine, and we have a combination of influences quite sufficient to effect the folding of the body of the uterus upon the cervix so often observed. This deformity of the organ is soon followed by congestion, inflammation and dysmenorrhœa in turn. I do not expect to cure such cases, even with electricity, unless I am able to control the dress of the patient. My only case treated by electricity and failing of relief was one where the patient would not adopt a hygienic form of dress.

The neuralgic type of dysmenorrhœa is usually due to malnutrition, with neuralgic tendencies. There is frequently an extreme hyperæsthesia of the inner os, with or without lesion. Nothing is so effectual for the whole condition as general faradization with the current of tension. It stimulates and soothes at the same time the whole nervous system; as a consequence, nutrition is improved, and the starving nerves being better nourished, cease to complain. Sometimes the general treatment needs to be supplemented by local measures in the form of bipolar vaginal faradization with the current of tension, or by positive galvanization of the irritable inner os, the negative pole being placed upon the hypogastrium or lumbar region.

In the causation of the congestive form of dysmenorrhœa there is not infrequently apparently a psychical element which must be remembered in the treatment. The social and intellectual regimen need control as well as the physical. Of other causes there are legion: lacerations of the cervix, sub-involution, malposition, reflex vasomotor influences, abdominal plethora, constipation and many more. The electrical treatment of this type often does not show such speedy results as in some of the others, perhaps because it is rarely uncomplicated, consequently more difficult. Here the constant and faradic currents have been used with success, and both currents are

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generally needed before a cure is effected. I often begin the treatment of these cases with the faradic current of quantity, in order by vigorous stimulation to diminish the calibre of the dilated vessels and tone up the relaxed tissues of the engorged region. Sometimes the bipolar vaginal electrode is used; at other times one pole is placed in the vagina, the other on the spine or abdomen, according to indications. When sub-involution exists, it must be treated by intra-uterine applications, positive or negative, according to symptoms. As this form has been found the most difficult to cure, I have not hesitated to call to the aid of the electricity, tampons, douches, gymnastics, change of diet, dress, etc., and when the patients do their share towards the cure they rarely fail of their reward.

Ovarian and tubal dysmenorrhœa usually require the constant current positive pole applied intra-vaginally as near the seat of the trouble as possible, negative pole so placed upon the hypogastrium as to include the diseased organ in the circuit. Treatment should be given two or three times a week, current from fifteen to thirty milliamperes for eight minutes. Vaginal bipolar faradization is also very useful in these cases, for its stimulating and sedative influences. Whenever there is a pause in the progress of a case, I change the form of current used, sometimes with excellent results.

The treatment of obstructive dysmenorrhœa is of necessity quite varied, depending upon the nature of the obstruction. Flexions are successfully treated by the faradic current with short, coarse wire which produces vigorous contractions and consequent improvement in the nutrition of the parts. The electrodes may be variously placed, one in the uterus, the other in the bladder or anterior cul-de-sac, for anteflexions. In case of retroflexion the poles may be located in the uterus and rectum or posterior cul-de-sac; or both electrodes may be intra-vaginal upon the anterior and posterior aspect of the uterus; or both may be external, upon the lumbar or sacral and hypogastric regions respectively; anywhere, indeed, so that the organ to be treated is included in the circuit, though evidently the closer the contact the more effectual.

Fibroids and polypi causing obstructive dysmenorrhœa are treated with positive or negative galvanizations, according as they are or are not hemorrhagic. When the positive pole is used, although the obstruction may not be removed, the pain and hemorrhage disappear surprisingly. The negative pole invariably relieves the stenosis, softening and dissolving more or less the resisting tissue. Stenosis of the cervical canal from atrophy, the cautery or the needle, finds sure and speedy relief in negative electrolysis with a series of graduated, olive-shaped metallic tips.

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As membranous dysmenorrhœa is nearly always associated with some degree of stenosis of the inner os or cervical canal, and more or less metritis, I generally commence the treatment of such cases by correcting these complications; removing the stenosis by negative electrolysis, and the intra-uterine inflammation by electro-positive cauterization, according to the Apostoli method. The dysmenorrhœa is usually cured by these measures, and if more or less membranous substance is expelled, it seems to be a matter of indifference to the patient so long as the pain is absent.

For the electro-therapeutist the protean malady under consideration has largely lost its terrors; as the subtle agency employed by them has been found a nearly infallible remedy in all cases not actually demanding surgical intervention.

Cases.

I. Miss G., age twenty-six, menses always painful, no known cause, grew worse and worse, notwithstanding almost constant treatment by various physicians and differing methods. After some years the suffering extended into the inter-menstrual period, until finally she became a constant and confirmed invalid.

The last physician she consulted before she came to me was one of the most prominent of the old school gynecologists of this city, and she was told by those who recommended him to her that if he failed it was indeed useless to try anyone else. He treated her for a number of months, with only aggravation of her symptoms, and very rapid loss in general health. He then announced to her that her case was absolutely hopeless, and advised residence in the country and resignation to her fate. Shortly after my return from my studies in Paris, she concluded to make one more effort to obtain at least some alleviation of her great sufferings, and came to me, hoping that so far away something might have been learned not known here. Having imbibed some of Doctor Apostoli's enthusiasm for electricity, while his elève, and being also without much experience in such cases, I had the temerity to undertake the case pronounced incurable by so high an authority.

The patient was now twenty-six years of age, and her condition general and local had been steadily growing worse for eleven years. At each period she was confined strictly to bed for two or three days, and each time used a pound or more of ether, and three or four grains of morphine. Her room must be darkened, and absolute quiet was enjoined upon those who cared for her.

The local examination showed deep redness, engorgement,

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and intense hyperæsthesia of all the parts. The uterus was somewhat depressed, enlarged, and moderately anteflexed, with erosion around the os. Diagnosis, congestive dysmenorrhœa.

Electrical treatment and other measures were at once inaugurated. The first few applications were intra-vaginal with the faradic current of tension to relieve the intense hyperæsthesia and encourage the circulation. She was instructed to take two half-hour vaginal douches of very hot water daily, to adopt hygienic dress, eat sparingly of meat and abandon absolutely the use of alcohol in any form, as well as the reading of exciting literature. The electrical treatments were repeated on alternate days, and continued from twenty to thirty minutes. Soon the local hyperæsthesia vanished, then the short, coarse wire coil was used for its tonic effect upon the engorged tissues, one electrode intra-vaginal, the other on the hypogastrium or spine.

The first period after the commencement of treatment was nearly as bad as ever, but the following ones grew less and less painful, and the inter-menstrual sufferings were greatly ameliorated. In less than two months I discontinued the electrical treatments, which have never since been resumed; but the douches, diet, dress, etc., were continued. More than seven years have gone by since then, and for more than six of them this patient has suffered no more than the majority of women do at the menstrual periods. She assured me not long ago that she had never used ether or morphine since her first period after the treatment was commenced.

II. Mrs. X. Menstruation commenced at fifteen years of age, and was perfectly painless. General health excellent. Married at nineteen. One year and a half later dysmenorrhœa, leucorrhœa and backache developed. A surgeon, unfortunately, as it would seem, was consulted, who discovered an elongated cervix and proceeded to amputate it. General ill-health dated from this operation. The periods remained painful, and menorrhagia was added to her list of woes.

Two children were born within the next three years, the labors being neither long nor difficult. After the second labor there was a hemorrhage, followed by violent after-pains, accompanied by atrocious pain in the right hip and thigh. Since that date, a period of thirteen years, the pains in the right hip and thigh have never wholly ceased, although somewhat mitigated by the repair of the lacerated cervix three years ago. All these years the general health has been at its lowest ebb.

After the second operation the periods became much more profuse and prolonged, and infinitely more painful, than previous to it. She was forced to remain in bed fully five days at

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each period by the fearful pains and hemorrhage. If she ventured to rise earlier the flow continued ten or twelve days. The pain assumed an expulsive character; and upon the third or fourth day more or less membranous débris was discharged with clots and much fresh, bright blood. An irritable condition of the bladder, and asthenopia added greatly to her sufferings. The surgeon,—one of the most reputable in this city,—acknowledged that the stenosis from which he found her suffering was a result of his operation for the lacerated cervix, and suggested as the best remedy for it dilatation of the obstructed canal a few days before each period. The patient concluded to try the efficiency of electricity before accepting such an alternative.

Upon examination, the cervix was found to be very broad and short. The portion immediately around the minute opening representing the os was covered by a dry, cicatricial tissue. The smallest probe could be passed only one-half-inch into the cervical canal. Recognizing at once the work first to be done, a large electrode was placed upon the abdomen, connected with the positive pole. The negative pole, armed with the smallest metallic olive tip, was passed to the obstructed point, and a current of fifteen milliamperes gradually turned on, continued for five minutes, then gradually reduced and the electrodes removed. In all of these little operations the most careful antisepsis was observed. After six of these treatments had been given, with graduated tips, the canal was found to be an inch in length and much larger than at first, but the inner os had not been reached. At this time menstruation came on and was much less painful than usual, lasting only six days, although she did not remain in bed as before. Four more treatments were given between this period and the next, on the fourth of which the inner os was passed with slight pain. The period which followed in a few days was painless, although membranous débris was passed. No trouble with eyes or bladder this time. General health greatly improved. Pain in hip and thigh at times, but much less severe. The case is still under treatment.

Three months later. Menstruation now is completed in five days, without membranous débris or excessive flow, and with very slight discomfort.

FATIGUE.—The experiments of Masse, of Turin, and of Michael Foster, the physiologist, have shown that the sense of fatigue is due to poisoning of the cerebrum by the products of retrograde metamorphosis. "The blood of a tired animal is poisoned, and when injected into another animal causes the phenomena of fatigue." The toxicity of the blood may become so great as to prove fatal, as was shown by Foster, in rabbits that had been hunted to death.—Dr. Bartour, in *American Practitioner and News*.

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REPORT OF OPERATIONS PERFORMED AT THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL DURING THE QUARTER ENDING JANUARY 1st, 1896. SERVICE OF HORACE PACKARD, M. D.

(Continued from March number.)

REPORTED BY ASSISTANT SURGEON J. EMMONS BRIGGS, M. D.

MAMMARY TUMORS.

General Considerations.

In this era of advance in medicine and surgery, there is little excuse for delay on the part of the physician in advising patients with growths in their breasts to seek operative treatment. In the past we have been prone to treat such patients medically, keeping them under close observation, until we were convinced of the exact character of the growth. This procedure in itself has, in a great measure, been responsible for the high percentage of recurrence of mammary cancer after primary operation. The attitude of the physician in cases of suspicious tumors of the breast, should be to advise immediate operation. Surgeons to-day are favoring the extirpation of all tumors of the breast, benign as well as malignant. A lump in the breast is either an inflammatory deposit, a solid, or a cystic tumor. If inflammatory in character extirpation is not indicated. If solid it may be either benign or malignant, in either case (knowing, as we do full well, the tendency for benign tumors to become malignant) extirpation of the growth is indicated. Even if there be reasonable ground for considering the tumor benign, an incision should be made, and the tumor removed. This should be examined, and if this view be substantiated by the gross appearance of the tumor, the operation may end here, and the wound be closed. But in case malignant disease be found, the most radical procedure is indicated. The cystic tumor is usually benign but requires extirpation.

What are the chances of recurrence after operation for malignant disease? In order to answer this question very many factors must be taken into consideration, first and foremost among which must always be the extent to which the disease has advanced prior to operative procedure. Recent investigations prove a very high per cent of recoveries, and few recurrences, when radical operation is performed early. The term early is at best only relative, but it may be taken to mean before the lymph nodes are involved. The time of infection of the lymph nodes has been thoroughly investigated, and *Gross gives the average date of their involvement as 14.7 months after the tumor in the breast is first noticed.

*American Journal of Medical Sciences. March and April, 1888.

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If the axillary glands are extensively involved the chances for radical cure are proportionately diminished. Next in importance to early operation is radical operation. Formerly it was the prevailing custom among surgeons to extirpate only the tumor, later the whole gland, at the present time, the tumor, the entire mammary gland, and in addition the clearing of the axillary space. Lately the still more radical operation of removing the pectoralis major, and possibly minor muscles, in addition to the above was first described by *Halsted of New York.

Taking cases in the aggregate as they enter any of our large hospitals, fully 75 per cent recur within the three year limit. †Doctor Bull of New York reports that 26.6 per cent of patients remained free from recurrence three years after operation.

When we take into consideration that these statistics comprise unfavorable as well as recent cases, the former probably in greater proportion, we are able, with some degree of assurance, to promise immunity to such patients as present themselves for early operation.

Patients who pass the three year limit are not likely to have recurrence, although cancer has been known to recur as late as the tenth year. A four year limit would probably be safer than the present recognized three year.

There are a large number of cases where the disease is so far advanced that the surgeon can hardly expect a cure, yet in these cases operation is well indicated, for it relieves the patient of many distressing conditions, among which may be mentioned the offensive ulceration, necessitating constant attention and frequent dressings. The removal of the axillary glands prevents, in a great measure, the obstruction to the axillary vessels, delaying and preventing to a great degree the pain and œdema of the hand and arm. If thorough extirpation be practised, reappearance of the neoplasm will probably occur in internal organs, if at all. If of local recurrence, secondary operation can be performed.

The advantages of operation in malignant disease of the breast may be summarized as follows: in early cases, complete cure; in more advanced cases, immunity from six months to three years; in all operable cases, temporary relief from the neoplastic growth and its attendant discomforts.

The operation as performed at the Massachusetts Homœopathic Hospital during this quarter, is as follows: The patient is prepared for the operation on the night previous by a thorough bath, scrubbing of the field for operation with soap and water, rinsing in boiled water, and shaving the axilla. The

*Annals of Surgery, Nov. 1894.
†Medical Record. Aug. 25, 1894.

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area is next bathed with alcohol or ether, and a compress 1-4000 bichloride of mercury applied and retained in position until the patient is about to be operated upon. After the patient is anæsthetized, the corrosive sublimate compress is removed, the arm well abducted and the breast and tumor excised by an elliptical incision, the long axis being nearly parallel with the lower border of the pectoralis major. The incision is then extended upward, along the border of this muscle, to the coraco-brachalis. The entire mammary gland and tumor are removed, and the axillary space cleared of its fat and glands. The clearing of the axilla through the incision mentioned is far preferable to the old incision through the median line of the axillary space. Through the modern incision, the one now altogether in vogue, the inferior border of the pectoralis major is first exposed. The axillary fat should be carefully dissected away from the vein, which is then plainly seen as a blue band crossing the axillary space. This structure serves as a landmark for the clearing of the space, as the artery and nerves of the brachial plexus are behind and above the vein, and are easily avoided in the operation. The glands which are found imbedded in the axillary fat are carefully removed, and the apex of the space explored. If the disease is well advanced, in addition to all this, the pectoralis major and minor are also removed. A drainage tube is placed through a counter opening, and the wound closed with catgut sutures. Frequently two or three silk-worm-gut relaxation sutures are employed. The wound is then dressed with a liberal amount of sterilized gauze and absorbent cotton, and all retained by a body bandage.

Healing usually occurs without suppuration. The patient is allowed to sit up the third day, and is walking about the ward at the expiration of a week. Two weeks is ordinarily ample for complete convalescence.

Seven Cases of Carcinoma of the Breast.

Case I.—Mrs. M., aged fifty-two years, was operated upon Oct. 12, 1895, for carcinoma of the right breast. No history of malignant disease in her family. She first discovered growth one year ago. Never suffered from pain, general health excellent. Tumor has been of slow growth, but now involves most of the right breast, with numerous nodules and retractions. The operation involved the total extirpation of the mammary gland, both pectoral muscles, many axillary nodes and fat. Wound healed by first intention, no pus, and the patient made an uninterrupted recovery.

Case II.—Mrs. M., aged forty-eight, was operated upon Oct. 17, 1895, for carcinoma of the right breast. Family history

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negative. Tumor of six months' duration, involving the central portion of the gland about the nipple, with marked affection of the axillary glands. Ether anæsthesia. Removal of the whole gland was effected with both pectoral muscles and dissection of the axillary space. Healing occurred without suppuration.

Case III.—Mrs. H., aged fifty-three, was operated upon November 9, for carcinoma of the breast. She noticed slight discomfort in her breast two years ago, and this summer discovered the tumor. The whole gland was amputated and the axilla opened and the glands removed. Fully one-half of the pectoralis major and a part of the pectoralis minor were removed. The patient made an excellent recovery, the wound healing by first intention throughout.

Case IV.—Miss H., aged fifty-three years, was operated upon Dec. 7, 1895, for carcinoma of the breast. She first noticed a bunch in her right breast twenty-one months ago. The growth has increased in size slowly, and there have been occasional pains in the breast during the past six months. The tumor was about the size of a walnut. The operation consisted in the removal of the whole mammary gland, a part of the pectoralis major muscle and axillary lymphatic glands. The wound healed by first intention throughout.

Case V.—Mrs. D., aged fifty-three, was operated upon Dec. 17, 1895, for cancer of the right breast. There is a famliy history of cancer. She first noticed a hard nodule at the location of the nipple, six months ago. It has caused her no pain. The operation consisted in the removal of the whole gland, the clearing of the axillary space and removal of the lower portion of the pectoralis major. Healing occurred by first intention.

Case VI.—Mrs. C., aged fifty-five, was operated upon Oct. 5, 1895, by Doctor Briggs, for mammary carcinoma. She gives no history of malignant disease in her family. About a year ago she first noticed a bunch in her left breast. It has given her only a very little pain and some stinging which has increased of late. The tumor has increased in size slightly during the past few months. The operation consisted in removing the entire mammary gland and clearing the axillary space of all its glands and fat. A drainage tube was inserted and the wound closed with catgut and silk-worm sutures. A very little suppuration persisted from the track of the drainage tube for a week or ten days. She made a good recovery.

Case VII.—Mrs. N., aged fifty-five, was operated upon Oct. 19, 1895, by Doctor Briggs, for secondary mammary carcinoma involving the left pectoral muscle. She was operated upon at this hospital in 1892. She first noticed the recurrence of the growth about ten months ago. Ether was administered, and

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the tumor and large portion of the pectoral muscle removed. The wound healed by first intention throughout its entire length. She began to sit up on the second day after the operation and left the hospital on the seventh day.

Three Cases of Fibroma of the Breast.

Case I.—Miss F., aged twenty, was operated upon Oct. 5, 1895, for multiple mammary tumor. Family history negative. The bunch in her right breast appeared one year ago, grew rapidly at first, but has remained stationary for the past three months. The growth in the left breast was first noticed ten months ago. Pain was absent, except at menstrual periods, when it was slight and stinging in character. Both breasts were amputated. Tumors were firm in structure but not very hard, rounded and more or less encapsulated, though there was some blending with breast tissue. Both wounds healed by first intention. The axillary spaces in this case were not explored, as the benign character of the growth was reasonably assured by the macroscopical appearance of the tissues.

Case II.—Miss W., aged thirty, was operated upon Dec. 28, 1895, for fibroma of the left breast. The breast was found to contain encapsulated tumors occupying the inner inferior quadrant. The largest tumor was about the size of a hen's egg, there were also numerous smaller growths in the immediate vicinity. The whole gland was removed, but the axillary space was not opened. The wound healed by first intention throughout.

Case III.—Mrs. F., aged thirty-one, was operated upon Nov. 9, 1895, by Doctor Haub, for mammary fibroma. The tumor was first noticed ten years ago. It has been of slow growth, and she experienced no trouble from it until three weeks ago. She began to menstruate at the age of twenty-two, and ceased at thirty. An incision was made into the right breast which showed the tumor to be of fibrous character. The whole breast was amputated, but the axilla was not opened. The wound was closed with catgut sutures, and healed without suppuration.

Two Cases of Cyst of the Breast.

Case I.—Mrs. H., aged seventy-five years, was operated upon Dec. 28, 1895, for a cystic tumor of the left breast. The bunch was first noticed by her three years ago, since which time she has had frequent sharp, darting pains. Her general health is excellent. The operation consisted in the removal of a considerable portion of the breast, including the nipple. The tumor which was cystic in character contained a dark, reddish fluid and a papilloma. The wound was closed with

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catgut sutures, and a collodion dressing was applied. Healing occurred by first intention throughout.

Case II.—Mrs. M., aged forty-eight, was operated upon Nov. 16, 1895, by Doctor Briggs, for a cystic tumor of the left breast. She gives no history of malignant disease in her family. About ten days ago she first noticed a bunch in her left breast. Since then she has had some pain in both breasts. Amputation of the left breast was performed, which on section was found to contain a cyst, the contents of which resembled pus, with much hard dense tissue around it. From the character of the growth malignancy was excluded, and the axilla was not opened.

A Case of Sarcoma of the Breast.

Miss B., aged forty-one, was operated upon Oct. 12, 1895, by Doctor Briggs, for sarcoma of the right breast. Her family history is negative. Her general health is poor, and a distinct history of a hemorrhagic diathesis was obtained. The tumor was first noticed three months ago and has increased slowly in size. The growth was removed by a total amputation of the breast, and the axillary space was opened and explored, no enlarged glands, however, were detected. Five days after the operation extensive hemorrhage into the wound occurred. The incision was opened at its lowest extremity and a large amount of blood clot expressed and the breast tightly bandaged. Hemorrhage still persisting, the patient was again anæsthetized on October 20 and the clots removed. No bleeding points were discernible, but a general oozing from the entire surface existed. The wound was again closed with catgut sutures, a drainage tube inserted at either end, and the breast firmly strapped with adhesive plaster. Patient made a good recovery thereafter.

Five Cases of Amputation.

Case I. Tuberculosis of Tarsus.—Miss H., aged twenty years, was operated upon Oct. 5, 1895, for tuberculosis of the tarsus. Her mother died of pulmonary tuberculosis. Pain was first noticed four years ago. The joint became painful and swollen, and for the past year she has been unable to step upon the foot. Last May an incision was made, and necrotic bone removed. The tibia was sensitive to pressure over the lower end. General health good. Exploration prior to amputation showed involvement of the ankle joint. Amputation by the circular method was made at the junction of the lower and middle thirds. The wound healed without suppuration.

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Case II. Tuberculosis of Tarsus.—Mr. D., aged fifty-four, was operated upon Oct. 19, 1895, for tuberculosis of the tarsus. His father died of pulmonary tuberculosis. Soreness was first noticed in the ankle four years ago, since which he has been unable to walk. He has suffered very little pain. A sinus formed which has been discharging over a month. Amputation was made at the junction of the middle and lower thirds by the circular method. Healing was interrupted by a sero-purulent discharge followed by a diffuse redness of the skin, which gradually extended up the leg to the

TUBERCULAR OSTEITIS OF THE TARSUS. AMPUTATION.
Patient of W. H. W. Hinds, M. D., Milford, N. H.

thigh. It is probable that this condition was caused by accidental infection from another case of suppuration in the ward. Under daily irrigations of the wound with hydrogen dioxide solution, the septic condition abated and sound healing occurred.

Case III.—Mr. P., aged fifty, was operated upon Nov. 13, 1895, for necrosis of the bones of the foot. The patient met with a crushing accident injuring his foot, ten years ago. There was a sinus opening on the anterior portion of the

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plantar surface, which has discharged constantly since. Extreme deformity resulted from the long continued necrosis. Chopart's amputation was made. The edges of the wound were closed with catgut, and interrupted silk-worm-gut sutures were employed. The wound was dressed for the first time on the tenth day, when it was found to have entirely healed by first intention.

Case IV. Re-amputation.—Mr. B., aged fifty-five years, was operated upon Oct. 5, 1895, by Doctor Briggs, for a sensitive and ulcerating stump. His right leg was amputated at about the middle of the shaft of the tibia twelve years ago, for tubercular disease. About four years ago the stump began to be sensitive and an ulcer the size of a one cent piece appeared on the end of the stump. Re-amputation of the leg was made at a point about two inches higher. The greater portion healed by first intention, although a sinus persisted at the end of the stump for about four weeks. Later this entirely healed.

Case V. Infective Osteo-myelitis of the Humerus and Shoulder Joint.—Mr. T., aged forty-four, was operated upon Dec. 28, 1895, by Doctor Briggs. His general health was previously good. Six months ago he was opening a can of meat and cut his finger on the can. In a few hours the finger began to pain him, and septic lymphangitis rapidly extended up the arm. An abscess formation occurred in the axilla, which was opened two weeks later and pus evacuated. He entered the hospital in a very much depleted condition, with several sinuses opening in the chest wall and axilla, which discharged constantly. On October 5, the sinuses were opened freely. A large abscess cavity was found involving the axillary space and extending upward beneath the pectoral muscles. Much pus was evacuated, and the pyogenic membrane curetted away. His temperature ran very high (104°) each night following the operation, and the discharge from the wound was of a bright green color, due to the presence of the bacillus pyocyaneus. Twenty days later a fluctuating swelling occurred in the outer aspect of the arm. On October 28 an incision six inches in length was made along the outer border of the deltoid muscle, parallel with the shaft of the humerus, and a considerable amount of pus and broken down tissue was removed. After this operation he improved somewhat, but there was œdema of the forearm and hand. A destructive ulceration occurred over the inner condyle of the humerus, and on November 27 he was again etherized and this area and all the old sinuses were curetted. After this operation his temperature took a sudden trend downward, his nightly temperature ranging from 100 to 101 degrees. The œdema of the arm, and the extensive discharge of pus from the sinuses, together with pain in the

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shoulder led to another attempt to locate, if possible, the focus of the trouble. As he had taken ether rather poorly at the two previous operations, suffering considerably from nausea, chloroform was administered. An exploratory incision was made over the elbow joint, and the head and the upper portion of the shaft of the humerus was found to be very extensively diseased. It became apparent that amputation was the only resource. One week later, December 28, the arm was amputated at the shoulder joint. A sinus was found leading into an abscess cavity located above the spine of the scapular. The cavity was curetted and a drainage tube inserted. The glenoid cavity was found to be extensively diseased, and the neck of the scapular was cut away with gouge and rongeur forceps. The wound was partially closed with two silk-worm-gut sutures, and packed with borated gauze. Although comparatively little blood was lost during the operation, he suffered a considerable shock (temp. 95.5) from which he rallied within ten hours.

Jan. 20, 1896. The patient is doing excellently, sitting up from three to seven hours daily. The sinuses of the chest wall are discharging very little and show evidence of healing. The wound seems quite healthy yet there is still green pus. His general condition has very greatly improved and there is a strong probability that he will entirely recover.

January 30. Patient goes out of doors daily. There is very little discharge and the wound is closing rapidly. He gained six pounds during the past week.

Hemorrhoids.

Within the past few years all of the various methods which have been extensively advocated for the relief of hemorrhoids have been tried in this Hospital. Those which have met with approval have been Whitehead's operation, which differs only in technique from the American, ligation, and the clamp and cautery. During this quarter nine cases of hemorrhoids have been operated upon, and in all of these the clamp and cautery have been used. The last few years have witnessed a marked revival of this operation and it is now the most universally adopted method. Clinical experience bears us out in the statement that it is the least painful, the convalescence most rapid, and results most satisfactory of all methods yet devised. The suffering is very little as compared with other operations, and the patient is allowed to sit up on the fourth or fifth day, and usually leaves the hospital within a week. There are cases when there is a general hemorrhoidal condition involving the entire circumference of the bowel where radical cure is to be expected only after the Whitehead operation. But this condition is fortunately somewhat rare.

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The clamp and cautery operation is performed as follows. The patient is prepared for the operation by a thorough evacuation of the bowels. Each pile is seized with T hemorrhoidal forceps and brought down, and grasped tightly with the Kelsey clamp. The pile is then cut off at a point about an eighth of an inch below the clamp, and the cut surface slowly cauterized with a Paquelin cautery heated only to a dull-red heat. The clamp is then loosened, and if no bleeding takes place the cauterization is sufficient. But should bleeding occur, the pedicle should again be cauterized. Each hemorrhoid is treated by this method. A dressing of borated gauze is applied to the anus and over this absorbent cotton and a T bandage. The after treatment is very simple. No attempt is made to constipate the bowels, and when the patient desires a movement an enema is given.

A Case of Depressed Fracture of the Skull.

Master R., aged five years, was operated upon Dec. 30, 1895, for a depressed fracture of the skull. On Dec. 5, 1895, he was struck on the head by a piece of wood, which had fallen from a roof. There was a slight scalp wound, with depression of the skull. He complained of pain in the frontal region following the injury. The first two or three days after the accident he vomited frequently, was in a stupid condition and restless. He seemed to take no interest in surroundings, refused to talk, and kept constantly putting his hand to his forehead. He was anæsthetized with oxygen and chloroform and a circular flap of the scalp was lifted over the depressed area. The pericranium was dissected away and a distinctly depressed fracture of the posterior parietal region became apparent. The depressed fragments of bone were elevated and removed. The edges of the opening were smoothed with rongeur forceps and the flap replaced and sutured with catgut. A wick of gauze was adjusted in the angle of the wound for drainage. He made an excellent recovery.

Supra-pubic Cystotomy.

Mr. C., aged twenty, was operated upon Dec. 21, 1895, for aggravated hæmaturia. Two years ago he first noticed pain in urinating, with passing of clots of blood, and increased frequency in urinating. There is no history of injury. The blood appears in his urine after exertion. Chloroform and oxygen were administered, and a transverse incision was made just above the pubes, through the bladder wall. The exploration of the mucous membrane of the bladder was made with the finger. No distinct growth was discovered, but a roughened area, or granular condition indicating a probable ulcera-

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tion, was found on the anterior wall of the bladder. This was cleanly curetted. The wound was closed and his urine was drawn frequently with a catheter. The patient still remains in the Hospital at the writing of this report, but has had no further hæmaturia.

A Case of Chronic Osteo-myelitis, with Caries of the Femur.

Mr. W., aged forty-eight, was operated upon Oct. 26, 1895, for chronic myelitis involving the left femur. The trouble commenced thirty years ago with a chill and an abscess formation. Pain became intense, and was finally relieved through spontaneous discharge of pus. The sinus has persisted since, with periodical discharge of bony spiculæ. Early anchylosis of the knee joint occurred. For years the disease remained quiescent, but during the past few weeks has grown rapidly worse, with profuse and offensive discharge, and great swelling of the lower third of the thigh. Patient was anæsthetized with nitrous oxide and ether. A probe was introduced into a sinus which was on the outer posterior aspect of the thigh about two inches above the knee joint. The instrument came immediately in contact with dead bone. An incision was made to the bone, the sinus serving as a guide. After thorough exploration, operation through this incision was deemed inadvisable as it would necessitate chiseling through a dense involucrum which was penetrated only by a single cloaca, which had served as the only vent for the discharge. A new incision was therefore made on the anterior aspect of the thigh, parallel with the femur, from a point two inches above the patella to the junction of the middle and upper third of the femur. This incision was made on the outer side of the quadriceps extensor. Here the involucrum was found imperfect and much thinner than posteriorly. It was chiseled away in order to reach an extensive sequestrum, which was removed. Entire destruction of the lower four or five inches of the femur had occurred. The cavity was cleaned and the wound packed with borated gauze and left open.

November 15. There has been a great improvement in his condition. Wound is being dressed twice daily. There is free discharge and excellent drainage.

Later, bone grafting by Senn's method was resorted to with but indifferent success. A portion only of the grafts became adherent, the rest underwent purulent decomposition. The cavity has been reduced perceptibly, however.

An Operation for Wry Neck.

Mrs. S., aged fifty-five, was operated upon Nov. 2, 1895, for wry neck. Stiffness of the neck was first noticed two years

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ago which gradually increased. For three months past there has been spasmodic twitching of the right sterno-mastoid, with permanent contraction. An incision three inches in length was made along the posterior border of the sterno-mastoid muscle from the mastoid attachment downward. The superficial fascia was incised and the spinal accessory nerve exposed. The sterno-mastoid and the trapezius branches were readily identified with the aid of a mild electric current. About one and one half inches of the nerve were excised, including both branches. The wound was closed with buried catgut suture and sealed with collodion and cotton. It healed throughout by first intention, and the patient obtained complete relief. At the present writing the patient reports a return of the distortion. This occurs probably from perversion of function in the upper cervical nerves and spasm of posterior muscles. Relief may be afforded by resection of the posterior roots of the nerves involved.

A Case of Movable Cartilage of the Knee-joint.

Miss W., aged nineteen years, was operated upon Nov. 12, 1895, for movable cartilage in the knee-joint. There was positive clinical evidence of a movable cartilage, as sudden giving way of the knee, with the feeling of something slipping in it,—total and immediate inability to use the limb. After varying intervals restoration to perfect usefulness would occur suddenly. An Esmarch elastic ligature was applied about the thigh, and an incision made along the outer side of the patella to the synovial cavity. The finger was then inserted into the joint and the offending cartilage was felt on the opposite side. An incision was then made on the inner side of the knee and the trouble was found to be the left semilunar cartilage, which was free along its margin but loosely attached at its extremities. It was severed and removed. The wounds in the synovial membrane and integument were sutured with catgut. Perfect healing resulted with no pus formation.

Two Cases of Sarcoma of the Jaw.

Case I.—Mrs. M., aged thirty-two years, was operated upon Oct. 19, 1895, for osteo-sarcoma of the superior maxilla. Family history negative. Eighteen years ago she received a blow in the right infra-orbital region, which was followed by pain and swelling and some enlargement has persisted. At first the growth of the tumor was slow, but during the past month it has increased rapidly in size, and become very painful. It presented as a well rounded eminence under the right eye, hard in structure and evidently an outgrowth from the superior maxil-

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lary bone. The character of the growth and its probable outcome if left to itself, as well as the chances of relief following operation, were explained to the patient and she decided to undergo operation. An incision was made beginning near the outer canthus, extending along the lower border of the orbit to near the inner canthus, then along the side of the nose, curving around the right ala, and through the middle of the upper lip to the mouth (Incision of Sir W. Fergusson). This flap was

CENTRAL SARCOMA OF THE INFERIOR MAXILLA.
Patient of J. E. Luscombe, M. D., Fitchburg, Mass.

then turned back and the superior maxillary bone and tumor exposed. The mucous membrane within the mouth was incised along the alveolar border, and lifted from its attachments as far as the middle line of the roof of the mouth. The hard palate was sawn through, and the process of the malar bone separated with a chain saw. The maxillary bone was next

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seized with lion-jawed forceps, and wrenched from its attachments. The skin flap was returned to its place and the wound closed with subcutaneous sutures. The mucus membrane within the mouth was returned to its normal position and retained by sutures. The external wound was dressed with collodion and cotton. The patient suffered very slightly from the operation. The entire wound healed by first intention, and only a linear scar remains. Quite a perceptible depression now marks the site of the tumor. A few days after she left the Hospital a small abscess formed at the prominence of the malar bone. Vent to the pus was afforded by opening the outer angle of the wound with a grooved director.

Case II.—Miss M., aged nineteen, was operated upon October 12, for osteo-sarcoma of the inferior maxilla. Family history negative. The present trouble dates from the extraction of a tooth two years ago. A tumor in connection with the right half of the lower jaw appeared soon after and has continually increased in size, having doubled itself in the past six months. The pain increased in proportion to the size, and became constant, sharp and stinging in character. Ether was administered. An incision was made enlarging the mouth to the right side, parallel with its contour, and dividing the masseter muscle. The mucous membrane was cut along the alveolar process, and with a chain saw the inferior maxillary bone was severed a little to the left of the medina line. The entire right half of the bone was then enucleated. The edges of the mucous membrane were approximated with catgut sutures, the skin flap retained with a hidden catgut suture, and a drainage tube left in the angle of the incision. Drainage through the mouth was afforded by a wick of borated gauze, which was changed every few hours.

Healing of the external wound was complete within a week, except at the site of the drainage tube. About two weeks after operation, swelling and hardness became apparent in the right parotid and cervical regions, which was accompanied by rise of temperature and pain. An abscess pointed in the cervical region, and was opened November 14, and a considerable amount of pus evacuated. A week later another abscess formed lower down on the neck and was opened, after which she made an excellent recovery.

A very interesting feature in connection with this case is the ease with which she chews her food. She seems to have lost none of her power of mastication on the unaffected side. She has no difficulty whatever in eating all the different meats set before her.

(Concluded.)

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EDITORIAL NOTES AND COMMENTS.

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A GRATUITOUS ATTACK ON THE BOSTON UNIVERSITY SCHOOL OF MEDICINE comes from across the sea. An English friend has recently called our attention to an article in the *Practitioner*, an allopathic journal published in London, on "The Evolution of the Medical Woman." In speaking of this phenomenal growth of woman in medicine in America, this journal says: "The New England Female Medical College was established in 1856, but after a few years became merged in the School of Medicine of Boston University, which is not counted among the glories of America." Precisely so,—by those who are as afraid of a homœopathic pellet as his Satanic Majesty is said to be of good things generally! We have noticed before this, though it is not as yet noted in any medical cyclopedia, that these homœophobists, if the globules get on their tongues, absolutely find it difficult to tell the truth. Thus, in this case, it not only does not give to the school in question the credit of being the first ever established for the medical instruction of women, but it states that it was established in 1856. The New England Female Medical College was established and began its work in 1848, some years before any other medical school for women was opened; since which time it has been in continuous operation, and has graduated more than seven hundred physicians, of whom three hundred are women. To state that it "was established in 1856" when it was then entering upon its ninth year, instances the "characteristic symptom" above mentioned.

Again it says, "After a few years, etc.!" Well, counting from the time of the Cliff Dwellers or even the beginning of the Christian era, one may consider a quarter of a century "a few years"; but this was the exact time the college had continued its work when the trustees found that three-quarters of their number were believers in that exasperating method,—homœopathy, and in 1873 it was indeed "merged in," or by act of the Massachusetts Legislature, united with, "Boston University School of Medicine." We give the *Practitioner* the full benefit of its correct name.

But then, this School "is not counted among the glories of America!" Will the *Practitioner* kindly define these glories? We humbly confess that in this connection, it does not take rank with Pike's Peak, Niagara Falls, or the American Eagle. As a medical school, however, we venture to question this dictum. It began its work when medical instruction in America was in its lowest and most disgraceful condition. Even then, this school placed its standard higher than the great majority of medical schools has even now attained. It required of its students:—

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First. For entrance a first degree in arts or sciences, or a satisfactory examination in preliminary studies.

Second. It provided a carefully graded course of instruction covering at least three scholastic years.

Third. It required that every student should pass a successful examination upon the work of each year before promotion to that of the next.

Fourth. It required as a condition of graduation, not merely that the candidate should have studied at least three years, but that he should have attended a reputable medical school for three years.

Fifth. It abolished all sex disabilities either in teaching or learning.

It went further than this. It lengthened the yearly term of instruction from five months, the prevailing time, to the full university year. Moreover, it was by many years, the first school in America to establish a four years' course, and make it compulsory upon all its students.

However Quixotic and impracticable these requirements might have seemed at the outset, it is a satisfaction to know that they have nearly all been adopted by the very best medical schools of America, including about one-quarter of the whole number, and the effort is being made to render these requirements obligatory on every medical school in the country. To have set such a pace is "glory" enough for one institution! And, if taking the lead in these measures is not counted among the medical "glories of America," we fail to understand what those glories are or should be. Perhaps the whole trouble lies in the fact, that in addition to all the other branches of medical instruction, this school gives its students a knowledge of homœopathy. If this is a crime, let us suggest that it has the quality of contagion, and we warn the *Practitioner* that there are already some of the best medical schools (allopathic of course) in America, which are contemplating in addition to their present curriculum, instruction in this terrible fallacy, homœopathy. *O tempora! O mores!*

THE GREATEST DISCOVERY OF MODERN SCIENCE, it remains for the closing years of the 19th century to reveal to the world; the "secret of the centuries" is ours at last! It is true that many a time and oft, imaginative individuals have thought they had the key to the secret, and then,—they had it not. Now it has come or is going to come in real "dead" earnest, and we hasten to give the name of the distinguished discoverer as well as of those who are trying to preside at the birth of this secret.

Taking the Scriptural prophecy "that the last shall be first," we may say that the *Boston Medical and Surgical Journal* of March 26, records the story by F. B. Stephenson, M. D., "Sur-

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geon United States Navy and member of the Asiatic Society of Japan," who draws from the *New York Medical Journal* of March 2, 1895, page 269, and a letter from "Petrus Truong Vinhky of Annam," which has been read before the Boston Society for Medical Improvement, January 13, 1896, telling all we know about this wonderful secret. We are unable to determine in what language this letter is written, since beside the English it contains French, Latin and some unknown tongue. But there is no doubt it is all right since Vinhky is vouched for as a "*savant*, linguist and *litterateur*," and describes the revealed secret by the various terms of theory, discovery, idea and fact.

It seems that the said Vinhky "in 1861 was about to marry," and determined to discover the laws which control the generation of the sexes. He found "that the wise men who had devoted their time to the investigation of this subject, seemed to have been wandering rather indefinitely all about the truth" so he made up his mind "to proceed in a rational manner." He says, "First of all I founded my plan of action on the system known as dualism, or the *bina principia (am et duong)*, male and female principles alternating and constituent of the life of human beings as well as of the existence of things in nature." He discovered "that there are in the ovary of woman, both male and female germs [potential]." His mode of procedure became plain to him. He contracted marriage and succeeded perfectly in alternating son and daughter. He communicated his ideas to the Governor of Cochin China and to his medical staff, to their great amusement. He has now discovered the recipe by which the future population of the world can be made either male or female; i. e., we can have them all male or all female or in proportions to order. He says, "It is my intention to demonstrate this theory in a series of lectures at Paris during 1900, but if in the mean time any of the profession in America desire that I should explain the principles upon which this theory is based, I will be glad to do so." Great, noble, generous Vinhky! To crowd into this century the world's greatest triumph, which even now is convulsing two hemispheres, and then to be willing to peddle it out to individuals in America! But oh! direful thought, what if Vinhky should die, and notwithstanding all the effort of the *Boston Medical and Surgical Journal* and the *New York Medical Journal* to save this discovery it should be lost forever! Yet Doctor Stephenson has attended to this. He has written to Vinhky requesting him to surely leave a description of his methods, so that in any case the world may have the benefit of this discovery, and Vinhky has sent his photograph in the national dress to Stephenson. So it is all right!

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SOCIETIES.

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THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY, APRIL 2nd, 1896.

The meeting was called to order at eight P. M., by Vice-President W. T. Talbot, M. D., in the absence of the president, W. J. Winn, M. D. The reading of the records of the last meeting was omitted, on motion of the secretary.

Myron W. Smith, M. D., of Boston, and Chas. W. Morse, M. D., of Salem, were elected to membership.

Under the head of New Business the secretary, Dr. J. Emmons Briggs, presented the following, which had been prepared by the Executive Committee:

Voted, That the Boston Homœopathic Medical Society respectfully memorialize and petition the city government of Boston to take such measures as shall furnish homœopathic treatment to any patient in the City Hospital who may desire such treatment.

Voted, That I. T. Talbot, Conrad Wesselhoeft, J. P. Sutherland, H. C. Clapp and John H. Payne be a committee to prepare such memorial and petition and present the same to the City Government.

After earnest discussion by members of the Society the votes were passed unanimously.

Doctor Strong reported from the executive committee, with evidence, the case of a member who had advertised and sold secret remedies. The executive committee recommended that he be notified that action is pending before the Society for his expulsion for unprofessional conduct, and that he be given an opportunity to make such defence as may be necessary.

It was moved, seconded and carried that the report of the executive committee be adopted.

Clinical Cases.

Doctor Chase. "I would like to relate an interesting case that came under my care recently. On the twentieth of March I delivered a Russian Jewess of a female child, and five days later I was called to find that the child had been menstruating. Two days after this I was called again and found there was an enlargement of the mammary glands and they were secreting a large amount of milk. I fear now that I am going to get a mammary abscess on one side."

Dr. W. T. Talbot then gave a short account of the attractions planned for presentation at the festival of the New England Hahnemann Association held at the College Building from April 6th to April 11th inclusive.

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Scientific Session.

Section of Surgery.—J. W. Hayward, M. D., chairman.

Doctor Hayward. "I regret very much to say that Doctor Emerson is ill, and as he has not furnished me with his paper we shall not be able to hear from him."

Doctor Packard gave a résumé of his surgical work for the past five years, comprising 1,388 operations, and including everything, from operations of the slightest character to the most severe that come to the surgeon.

"Surgical Anæsthesia.—From a year's trial of the use of chloroform and oxygen as an anæsthetic, while it seems to work very well in some cases, still it does not seem superior to ether. I have resorted to it where the kidneys seemed crippled, as I used to use chloroform. I think the combination of oxygen and chloroform with the resulting vapor works better than chloroform alone. I think there is less vomiting after ether. The combination of the oxygen and chloroform keeps the patient's blood in a good condition, and the appearance of the patient is good, otherwise I do not think it has any special advantage. One new thing in ether anæsthesia is the administration of a small dose of morphine per rectum an hour or so before the operation. This aids in maintaining perfect quiet and requires less ether. With ether preceded by morphine, reflex contraction seems to be perfectly controlled. Morphine inhibits the reflex excitability of the spinal cord. Out of sixty-one deaths under anæsthesia in England during the past year, fifty-two were with chloroform. I have come to a point where I never tell a patient there is no danger in an operation; for I believe there is always danger every time a patient is anæsthetized.

"Lacerations of the cervix.—I have made the operation 133 times and have done 16 amputations. Prior to two years ago I had come to feel that there was no danger in this operation, but I operated on one case that died. I believe that I had operated 250 times before that. I saw no reason why anything menacing should occur in this case. In another case there was a high temperature and pulse and some typhoidal condition, but the patient finally pulled through. I show you the temperature chart of one patient in whom typhoidal symptoms developed on the day after the operation, with death resulting on the ninth day. We found that typhoid fever was more or less prevalent in the town from which this patient came, and it seems possible that there may have been a coincident development of the typhoidal germs after the operation. A year or so ago I had a death following a repair of a complete rupture of the perineum, which was the result of an apoplectic condition.

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"Amputations.—I have done ten amputations in five years, one of the hip joint during the past year. I made the operation by a modification of Wyeth's method, simply passing the ligature around the needles and constructing the portion of the soft tissues between the needles, thus avoiding the compression of the whole limb.

"Hypertrophy of the Prostate.—Treatment by castration. The first experiments in this line were made by White of Philadelphia, on dogs. I have done this operation in two cases; one, a physician in New Hampshire, received much benefit, and now passes urine freely.

"Dislocation of the Kidney.—This is quite prevalent among women, about one in six suffering from it. Operation gives great relief. The operation is to cut down upon the kidney, sew through the capsule and kidney substance to the abdominal wall.

"Extirpation of the Kidney.—There has been a great improvement in the incision for reaching the kidney. Make a curved incision over the antero-lateral aspect of the abdomen parallel to the lower border of the ribs. This gives an excellent chance for the treatment of the pedicle.

"Catheterization of the Ureters.—This was first suggested by Doctor Kelly of Johns Hopkins. It gives a valuable means of diagnosis in kidney diseases. Placing the patient in the Trendelenburg position causes inflation of the bladder, and the ureters can be seen with a head mirror.

"Abdominal Surgery.—I report 245 cases in five years, including eighteen cases of hernia. I have felt rather skeptical about the advisability of operating on cases which can be held in place well with a truss, as I have felt that it must be somewhat futile to expect to obtain a cure by uniting the divided fibres of connective tissue in the abdominal wall after they have been separated by the pressure of the hernia. Various methods have been tried but all have been found more or less wanting. Lately I have been using Bassini's method. This seeks to restore the parts to the condition they were in before the rupture. This separates the spermatic cord and carries it up to the upper border of the opening of the hernia in the abdominal wall, and secures it there by sewing up the rest of the opening. The spermatic cord comes down over the wound to the lower angle, and then the portion of the abdominal wall lying outside the cord is sewn up over it; thus making practically a new canal. This has been very successful. I should advise an absorbable suture for deep suturing, and kangaroo tendon seems the best, as this remains long enough for the wound to unite perfectly and yet is finally completely absorbed.

"Gall-stones.—Under the present methods the operation

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is eminently safe, if done before the patient is in a state of collapse. I report only two deaths, both of which occurred with the patient in this condition at the time of the operation.

"Intestinal Obstruction.—This occurs from various causes; intussusception, malignant disease, twisting of the intestine, etc. The chronic cases are amenable to treatment; the acute cases are generally beyond help. It is possible to make a very tight joint with sutures so that nothing can escape from the bowel. Two methods; end to end union and lateral anastomosis. The latter is in the majority of cases the better method, except in gangrene, as in hernia where a piece must be cut out. The Lembert suture and the Murphy button are employed, but I prefer the use of the simple Lembert suture. In lateral anastomosis the suture is particularly efficient, and I use a modification of the Lembert.

"Vaginal Hysterectomy.—I report twenty-six operations and two deaths. I make an incision anteriorly and posteriorly through the vaginal wall, separating the bladder and rectum, leaving the broad ligaments attached. I then pass in anteriorly and posteriorly these broad retractors which meet over the fundus and thus protect the bladder and rectum. Then with an electro-cautery knife I split the uterus from cervix to fundus, thus stopping hemorrhage as I proceed. Then use broad retractors to separate the segments of the uterus and hold them apart. Splitting the uterus gives control of the entire organ and permits manipulations to be carried on between the separated segments. The uterine artery is controlled by slipping a catgut ligature through the lower portion of each segment. With a double chain écraseur over the broad ligament, this is cut through, all hemorrhage being thus avoided. An uncomplicated operation may be done in twenty minutes.

"Malignant Disease.—One hundred and two cases carcinoma, thirty of epithelioma, and twenty of sarcoma. Surgery is useless in the treatment of these cases unless applied early. The erysipelas toxine has been used with considerable success in the treatment of cancer."

A short account of the treatment of cancer by the erysipelas toxine was then given, after which Mr. F. F. Strong demonstrated to the Society by means of a projection apparatus which he has constructed, the possibility of throwing the images of microscopical sections direct from the slide to a ground glass screen, and showed several very fine specimens, giving a description of the workings of the apparatus.

An admirable paper on "Radical Cure of Hernia" was read by W. S. Smith, M. D.

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Discussion.

Doctor Boothby. "We have had a very good evening, and it is rather late to discuss these papers. In regard to Doctor Smith's paper I would say that I believe in the methods he has presented, while making some modifications in particular cases. The fact that accidents have occurred in using the method that Doctor Packard spoke of is an argument against it. I want to say a word in regard to vaginal hysterectomy, as described by Doctor Packard. It is a very ingenious method, and would work well in his hands but not with the rest of us who are not so skilful. I do not see any necessity of cutting the uterus in two when you can take it out just as well without that. When you dissect up in front and behind to put in your broad spatula, you can at the same time cut up on the sides with scissors as rapidly as in this way, and you find that the uterus pulls down and you have no trouble in enucleating it in this way. You cut up an inch on each side and make a broad incision so that the uterus will come down without any trouble whatever; then turn the uterus a little bit and cut through the tubes and uterus so as to enucleate the same side, taking the round and broad ligaments; you can cut it down with two or three snips of the scissors and have a broad extremity into which you can put your ligatures just as well as into the half of the uterus. If you cut the uterine artery you have the uterus in such a position that the artery is accessible. I can't do an operation in twenty minutes; my shortest time is an hour. The difficulty comes not in the removal of the uterus but in closing the wound, and I have always insisted on closing the peritoneal cavity and the vaginal mucous membrane just as carefully as the external abdominal wound. I have done just fifty of these operations, with one death."

Doctor Packard. "Doctor Boothby, you state one thing at one time and another at another. A short time ago, in a conversation, you told me that you had had three deaths."

Doctor Boothby. "I said that I had had three deaths from the complete abdominal operation, and had reported two. The only thing I have kept a complete record of has been my vaginal hysterectomies. I have done fifty operations with one death, which was a case of cancer, and the patient died from embolism."

Doctor Emery. "I want to add to Doctor Packard's list of operations for hypertrophied prostate. There was great difficulty in passing water in the two cases which I report. Both cases recovered, and had no more trouble in passing water."

Doctor Smith. "My experience in this operation has been confined to one case, less than a week ago, so I cannot report

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on this. I know that at the Massachusetts General Hospital the feeling is growing that the operation is rather unsatisfactory. I was told this not more than two or three days ago."

Question. "Would it be advisable to operate on a very young infant for scrotal hernia?"

Doctor Smith. "There is a feeling that it is better not to operate on these cases, as they will recover in time if properly treated. In one case, of a young infant with an inguinal hernia, strangulated, on the right side, in which efforts had been made to reduce with much bruising of the testicle, the operation was performed and the testicle was removed. The operation is performed in the London hospital, but never in a case under two years of age."

Doctor Newton. "An interesting case of hernia came to me recently. It was in a child. I thought I discovered a possible femoral hernia, but on examining more carefully I discovered a very distinct inguinal hernia. My first thought was to reduce. I made some efforts at taxis, when the mother told me that the child had had previous attacks, and on going to sleep the bunch went away. So I left it and in the course of six hours it was reduced. The mother said that the child always became sleepy after the hernia came down and it was then reduced as I have described."

Doctor Briggs. "I would like to say that while in London, I was much impressed with the fact that ether was being used extensively in the hospitals. This was three years ago."

Doctor Smith. "Ether is used with the atomizer and bag very extensively in London; also to some extent mixed with chloroform and alcohol. I think chloroform is three to five times more fatal than ether."

Doctor Newton. "In 1886, during six months at the Dublin hospital we never saw chloroform used once."

This closed the session and the meeting was adjourned at 10.15 P. M.

J. Emmons Briggs,
Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The annual meeting of this Society was held on Wednesday, March 18, 1896, at Cooley's Hotel, Springfield, Mass.

The meeting was called to order by President Spencer at 11.45 A. M. The report of the secretary was first read. In addition to the usual report of the preceding meeting, the secretary gave a brief résumé of the past year's work, which showed that the Society had held three regular meetings, one quarterly meeting having been omitted.

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Seven new members have joined the Society during the last year; one member was elected at this meeting and three names of physicians were proposed for membership: Dr. Alice E. Rowe of Springfield, Dr. Clarice J. Parsons of Springfield, and Dr. C. D. Kinsley of Cheshire.

The report of the treasurer showed the financial condition of the Society to be in good standing, a balance in the treasury of twenty-eight dollars and fifteen cents being reported.

After the reports were read and approved by the Society, the members present at once proceeded to the annual election of officers, which resulted as follows: President, Dr. J. H. Carmichael of Springfield; first vice-president, Dr. B. A. Sawtelle of Hollister; second vice-president, Dr. W. P. Wentworth of Lee; secretary and treasurer, Dr. Elmer H. Copeland of Northampton; censors, Dr. O. W. Roberts of Springfield, Dr. Clara W. Sweet of Springfield, Dr. W. F. Harding of Westfield.

The election of officers being completed, the next subject for the attention of the meeting was the report of the Bureau of Surgery and Pathology, Dr. T. J. Putnam of North Adams, chairman. The chairman had arranged for the reading of the following papers:

I. The Treatment of Wounds and Septic Infection of the Hands.—Dr. Horace Packard of Boston.

II. Inebriety—What is it and how shall we deal with it?—Dr. H. A. Gibbs of Boston.

III. Report of Vaginal Hysterectomies and other cases of Orificial Surgery.—Dr. T. J. Putnam of North Adams.

Just before the opening of the meeting, a telegram was received by the secretary from Doctor Packard, stating that he was unavoidably detained by pressure of business. As the other members of the Bureau also failed to be in evidence at the meeting, it was moved and carried that the time be taken up with discussion of the subjects of the papers. Dr. J. H. Carmichael opened the discussion in his customary able and interesting manner. His remarks were in substance: Palmar abscess is the most common affection of this nature that we have to treat. We should at once open the threatened abscess and wash it out with carbolic acid, as this is the best for cleansing. After the abscess is brought under control, healing is best hastened by the application of a preparation of calendula and boracic acid—one part of the former to ten of the latter. In cases of stitch abscess, Dr. Carmichael advised the use of pyoctannin 1-1,000. In case of a felon, which is a bad abscess between the bone and the periosteum, although the present consensus of opinion was in favor of not using a poultice, but at once opening and thoroughly cleansing with an antiseptic solution, he advised continuing the use of the poultice for a

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time, then opening and using a carbolized solution for cleansing; then following with calendula and boracic acid as above. But in a case of palmar abscess do not delay. Open at once; then cleanse thoroughly. There is no danger in opening, but there is danger in delay, as it is apt to burrow and point at the wrist or back of the hand.

Doctor Roberts of Springfield then called upon Doctors Rowe and Parsons of Springfield, and they were invited to take part in the discussion. Doctor Rowe gave the history of a very interesting case of palmar abscess treated by Doctor Packard. The abscess was opened and washed out, but it returned; again it was opened; abscess again gathered and brain symptoms developed, and again it was opened. The greatest relief to the patient was given by the immersion of the hand and arm in a tub of hot water. This treatment was applied four or five times during the day and twice during the night. Finally the little finger had to be amputated at the first or second joint. For this operation cocaine was used and the wound healed nicely and the patient made a good recovery. Doctor Parsons had been in the habit of using merc. cor. 3x to make an abscess point. She had seen some most wonderful results from its use; for antiseptic purposes she had been in the habit of using lysol in place of carbolic acid.

Doctor Rand of Monson. "Have used merc. cor. to hasten abscess, especially of the teeth. My dentist in Monson, Doctor Soule, relies on it almost entirely in such cases. The germ theory of disease has revolutionized the treatment of abscess. I used to use a poultice first, last and always. I now believe this treatment tends to make the abscess run longer. The reason is clear. Germs and bacteria thrive best under heat and moisture to a certain extent. The poultice supplies the most favorable conditions for the development of the bacteria. It is the same principle the housewife employs in using yeast to raise her bread. She puts in the germs, places them in a moist surrounding,—the dough,—and then sets the dough in a warm place to rise—in other words, for the germs to develop. Put it in a cold place, the germs die. Therefore open your abscess, cleanse it; i. e., kill the germs and cool it off so that no more will thrive."

At 1.30 P. M. the meeting adjourned for dinner, to meet at 2.30 to resume the discussion.

At the appointed time the meeting was called to order.

Doctor Roberts of Springfield gave his testimony in favor of merc. cor. in hastening abscess. It was also useful as a snuff in acute coryza and to prevent quinsy—he had been used to employing the 3rd.

Orificial Surgery.—Doctor Carmichael believed this was of

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much advantage in certain cases but not the panacea of all ills; he believed in it for fissure of the anus; his method was to dilate the anus, curette, and apply chloride of zinc; in hæmorrhoids and prolapsus of the rectum, he thought the clamp and cautery the best method. Use medication in treatment of these cases if you can cure them as quickly and thoroughly as it can be done by surgery; if not, apply the art of surgery. We must keep up with the times in all things; if we stumble along treating these cases with medicines, and they finally drift into other hands and are promptly cured by surgical skill, they bring reproach on the cause of homœopathy.

A very interesting talk followed on the treatment of pneumonia. It was the general consensus of opinion that benefit was derived from various hot applications to the chest and back; either the old flax-seed poultice, alkali poultice or wrapping the chest in lamb's wool or cotton.

Doctor Wentworth of Lee believed in the unaided use of the indicated remedy.

Then followed an informal discussion in regard to having the meetings of the society more frequently. It was voted to have a special meeting on the last Thursday in April,—Doctor Wilkins of Palmer to have charge of the meeting.

The meeting then adjourned to meet at Cooley's Hotel on the above date.

ELMER H. COPELAND,
Secretary.

REVIEWS AND NOTICES OF BOOKS.

—:o:—

A HOMEOPATHIC TEXT-BOOK OF SURGERY. Edited by Charles E. Fisher, M. D., of Chicago, and T. L. MacDonald, M. D., of Washington. Eleven hundred and two illustrations, and fifty-two plates. Chicago: The Medical Century Co.

This is an impressively ponderous volume; the various departments of which are written by twenty-five surgeons, most of them of much prominence in the homœopathic school. Such names as Helmuth, MacDonald, Shears, Van Lennep, and Wilcox give assurance that the volume must contain material carefully prepared and rich in experience and helpful suggestion.

The book has a total of sixteen hundred and sixty-one pages. Webster's dictionary, exclusive of the appendix, contains fifteen hundred and eighty-six. This comparison gives perhaps an adequate idea of the size of the book. It is as a text-book so exceedingly unwieldy as to suggest that the future editions,

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sure soon to be called for, be issued in several volumes. It seems, too, to the reviewer, that certain of the present material might well have been left out altogther without seriously detracting from the value of the work. An instance in point is the twenty pages or more entitled "Laboratory Technique," which seem totally out of place in a work of this character. The book represents an immense amount of painstaking and well-directed work on the part of editor and contributors. It is a source of great regret, therefore, that the technical part of the work is frequently so defective.

It is impossible in a brief review to enumerate either the merits or defects of a book of such commanding size. The quality of the paper used is very excellent, the typography clear and distinct, and many of the illustrations commendably accurate. Much of the text is scholarly, practical, suggestive and admirably up-to-date. On the other hand, a few of the defects are so glaring that they cannot be overlooked. On page 28, chapter v., under "Special Abscesses" the sub-heading "Genera" appears. To what that term applies in the text that follows, is impossible for the reviewer to discern. On page 107 under "Chloroform" Allis's ether inhaler is figured, and towards the bottom of the page the admonition is given "never administer chloroform from an ether inhaler." Again plate iii, opposite page 153 is deplorable in the extreme. A less creditable specimen of the lithographer's art can hardly be imagined. A curious arrangement is noticed in the index on page 1639. Under "Enemeta with anæsthesia" we find mentioned "Jacksonian," "traumatic," "varieties," "treatment." Returning to the title of the work "Homeopathic Text-Book of Surgery," we may well inquire why a text-book on surgery should have the adjective "homœopathic" applied to it. If the answer be given "because it is written by surgeons identified with the homœopathic school," such must be accepted as a valid reason. If, on the other hand, "because prominence is given to homœopathic surgical therapeutics," then the most positive exception must be taken, for a search through the work shows extreme barrenness even of homœopathic therapeutic hints.

One hundred pages are devoted to "Surgery of the Lower Orifices of the Body." Perusal of this section is attended with occasional bewilderment. On page 1145 occurs a paragraph entitled "Pockets," in which is found the following sentence: "Frequently but one or two are encountered, and there are seldom more than five or six in a single case. Occasionally they occur in pairs a short distance apart, and in such cases a pocket always exists between them." Again on page 1148, in the same chapter, occurs the following paragraph: "The presence of pockets occasions no discomfort to their possessor, who is therefore wholly unconscious of their existence. One

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or more must be badly ulcerated or inflamed indeed to be the seat of any sensation whatever, as they would have to penetrate far enough to involve the terminal nerve fibres of the cerebro-spinal system which are limited in their distribution to the margin of the anus." On the succeeding page we find in contrast to the above, the following: "These two conditions, pockets and papillæ, are considered the most mischievous of rectal troubles, because their location is such that the irritation which they occasion induces a clonic spasm of the internal sphincter muscle, thus inaugurating a perpetual nerve waste of the sympathetic." It must be acknowledged that it is somewhat difficult for an ordinary mind to reconcile the two paragraphs above quoted.

On page 1159 we are enlightened as to the method of operating for "*supra* spadias." On page 1207 we are admonished that "a speculum should not be retained long at a time in a sensitive rectum, but should be frequently withdrawn and again inserted to avoid too profound an effect upon the respiratory organs. For this reason, if for no other, hemorrhoids should never be removed by ligation." All this carefully considered, makes the thoughtful reader question whether, until a new edition correct the defects of the first, the work can be conscientiously recommended to students. The surgeon to whom experience has brought definite standards of judgment, will find very much that is helpful, very much that is praiseworthy in this chronicle of the garnered experience of famous colleagues. The candid criticism offered above is given forth solely in the hope that future editions of the work may be yet worthier its purpose, its title, and the honored names associated with its pages. **

THE PRINCIPLES AND PRACTICE OF MEDICINE. By William Osler, M. D. Pp. 1143. New York: D. Appleton & Co.

The second edition of this valuable work is welcomed with pleasure, knowing, as the names of author and publisher give us assurance to do, that it will be thoroughly up to date. The following are some of the chief changes to be noted since the first edition: The article on diphtheria has been rearranged and nearly doubled in its subject matter, "anti-toxine treatment" being included. The subject of appendicitis has also been treated of at greater length. Revisions and some additions will be noticed under leukæmia, anæmia, septicæmia and pyæmia; also in infectious diseases, including cholera, syphilis, tuberculosis and others. Several new, short articles have been added. The section on nervous diseases has been revised to include all results of recent advance in that line. The original value of the work to which the demand for a second

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edition convincingly testifies, is thus, in this edition, materially enhanced.

A TREATISE ON THE NERVOUS DISEASES OF CHILDREN. By B. Sachs, M. D. Pp. 666. New York: Wiliam Wood and Co.

The guiding principle of Doctor Sachs' book seems to be its excellent common sense. The quality of such rare and exceeding value is shown first of all in Doctor Sachs' recognition of the necessity for a work by an author who could speak with authority and from experience on the nervous diseases of children; every thoughtful practitioner early recognizing that nervous diseases in children, while perhaps not materially differing pathologically from diseases of like class and name in adults, do frequently so substantially differ from them in phenomena presented, in difficulty of diagnosis, and in detail of indicated treatment, as to render a separate work with them as its subject, not only useful but necessary. Further, Doctor Sachs' classification of his subject matter is sensible to a degree, passing as it does from the mild forms of nervous disease to the severe; from the functional to the organic. Eminently sensible, also, is the introductory chapter, profusely and helpfully illustrated, which sets forth methods of examination, by the study of whose detail student and practitioner can alike profit. The treatment advised must, on its dietetic and hygienic side, appeal to physicians of all schools. The book covers a field too long neglected, and does so very worthily.

A MANUAL OF THE PRACTICE OF MEDICINE. By George Roe Lockwood, M. D., Professor of Practice in the Woman's Medical College in the New York Infirmary. Philadelphia, 1896: W. B. Saunders, 925 Walnut Street. Price $2.50.

Doctor Lockwood says in his preface, "It has been the aim of the author to present in this manual the essential facts and principles of the practice of medicine in a concise and available form. It is hoped that the work will meet the requirements of those who heretofore have been obliged to resort to the larger works of reference with which medical literature is so well supplied."

The work thus outlined has been well done; though it goes without saying that a book of this size cannot take the place of the larger works upon the practice of medicine. In speaking of the treatment of typhoid fever Doctor Lockwood says, "The only internal treatment that seems to be of any service is the use of intestinal antiseptics for disinfecting the alimentary tract, to prevent fermentation and tympanites, and to guard, if possible,

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against auto-infection and relapses. The drugs used are salol, B-naphthol, bismuth salicylate, and creosote, and high enemata of weak tannic-acid solutions."

The author evidently believes in the anti-toxine treatment for diphtheria without dogmatically asserting its absolute specific effect. The description of the treatment of valvular diseases of the heart is not described at sufficient length to meet the requirements of the young and inexperienced physician. The presswork and general arrangement of the book are excellent; and the literary style is clear and cogent.

THE YEAR-BOOK OF THE BOSTON HOMOEOPATHIC MEDICAL SOCIETY for 1896 gives testimony to much painstaking and fruitful work, both on the part of members whose work is here chronicled, and on that of the secretaries who have issued the records so promptly and in such highly creditable shape. Included in its list of contents are such matters of historical interest as the correspondence of the Society with Governor Greenhalge, *in re* the Westborough Hospital; membership lists; list of papers read and published in 1894-95; the reports of secretaries; the president's address; and much other valuable material. Might one venture a word of kindly criticism, it would be that the names of members "retired for non-payment of dues," and *deceased since that retirement*, be hereafter omitted from the printed reports. *De mortuis* offers its gentle plea here, as otherwhere.

The Popular Science Monthly for March contains, among other papers of interest, articles on "The Failure of Scientific Materialism," by Prof. Wilhelm Ostwald; "The Study of Inheritance," by Prof. W. K. Brooks (Concluded); "Exercise as a Remedy," by Henry Ling Taylor, M. D.; "Normal and Heightened Suggestibility," by Prof. W. Romaine Newbold; and "Acclimatization," by Prof. William Z. Ripley. (First paper.) New York: D. Appleton & Co.

DON'TS FOR CONSUMPTIVES, OR THE SCIENTIFIC MANAGEMENT OF PULMONARY TUBERCULOSIS, is the title of a book which, under the authorship of Dr. Charles Wilson Ingraham, will soon be issued by the Medical Reporter Publishing Co. of Rochester, N. Y. The complete work of thirty-five chapters is devoted exclusively to the general management of Pulmonary Invalids, no reference whatever being made to drug treatment. The object of the author is to supply the physician with a practical work, and at the same time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. The author claims that "a good understanding of his condition is the best remedy for the con-

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sumptive." With this book in the hands of his patient the physician will be relieved of a multitude of details which attach to the successful management of such cases. Special attention has been given those chapters pertaining to the destruction of tubercular infection.

GLEANINGS AND TRANSLATIONS.

—:o:—

THE DIETETIC TREATMENT OF CHRONIC HEART DISEASES. —Glax (*Wien. med. Presse*, 1895, No. 36; *Ctlbl. f. innere Med.*, December 28, 1895) says that for fifteen years he has insisted on the importance of restricting the amount of liquor ingested by patients with heart disease. Such a restriction, he says, often alone suffices to bring about compensation, and in many cases in which such drugs as digitalis are beginning to lose their power it is restored by making the liquid ingesta correspond to the excretion. —*New York Medical Journal.*

TO PRESERVE URINE.—Doctor Leffman finds chloroform the most satisfactory of the various agents suggested for preserving specimens of urine. About six or eight drops are added to each fluid ounce, and the mixture well shaken. The excess of chloroform soon collects at the bottom of the bottle. Samples so treated will keep for months, even in the hottest weather. Chloroform promptly reduces Fehling's solution. If, therefore, it be desired to test for sugar, the chloroform must be removed by boiling the liquid; or, better, the bismuth or phenylhydrazin test must be used. Chloroform does not interfere with these nor simulate sugar.—*New York Medical Times.*

NOTE OF A CASE OF SALIVARY CALCULUS, PRESENTING UNUSUAL SYMPTOMS. —*British Medical Journal.*

The patient, a gentleman between thirty and forty, presented a hard, livid and painful swelling in the floor of the mouth, just to the left of the tongue. At one point there appeared fungating excrescence, resembling carcinomatous ulceration. In the accompanying submaxillary region was a small tumor, "about the size of a small potato." The patient complained of much increase of pain after eating, which pointed to the possibility of a blocked salivary duct. A fine needle inserted into the swelling, showed the presence of a calculus at a considerable depth. Operation was advised but not permitted. In about ten days a piece of the calculus, about the size of half an almond, was discharged. In a few days the remaining fragments passed off by ulceration and was followed by the disappearance of the swelling and healing of the wound. The peculiar fungoid growth was similar to the granulation accompanying necrosed bone, while the swelling, induration and pain were due to the retention of the salivary secretion. —*Journal of Ophthalmology.*

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TEMPERANCE TEACHING.—There is one point which would bear a little more emphasis: that only "in a narrow and limited sense does the word temperance stand for abjuring that which intoxicates, that in its broader and truer sense the word stands for high self-control and self-respect." It would be a pity that the youthful mind should not be made to understand that even an advocate of "temperance," in the narrow sense, who abjures alcoholic stimulants may still be a very intemperate person. Let the young learn that temperance means moderation, and above all self-control.—*Boston Medical and Surgical Journal.*

ANOTHER USE FOR THYROID EXTRACT.—J. William White reports excellent results from the administration of thyroid extract in five-grain doses two to four times daily in a case of hypertrophied scar.

The scar was produced by glass which cut the cheek of a young girl. Healing took place by first intention, but left a line which was a deeper red than usual. After some months she returned with a large welt or keloid-like cicatrix. A variety of external and internal treatment was patiently tried, but unavailingly.

The employment of thyroid extract was suggested by the good results obtained in skin affections by its use. It seemingly stimulates to healthier nutrition of the skin. While this case was under thyroid treatment (all other, even local, treatment was stopped), marked elevation of temperature occurred several times. There was an almost constant tendency for the pulse to be quick or irregular. At the end of about six weeks the scar had in almost its entire extent come down to the level of the surrounding skin, and the color had disappeared. — *Medicine.*

PERSONAL AND NEWS ITEMS.

—:o:—

DR. FRANK N. ALLEN has removed from Winthrop to Cliftondale, Mass.

DR. AND MRS. WALTER WESSELHOEFT sailed early in April for a three-months' trip to the Mediterranean.

DR. A. J. BOND has been appointed pension examiner in place of Dr. Riley who resigned owing to his legislative duties.

DR. FRANK A. DAVIS has removed from Chicago to Medford, Mass. His office will be at the corner of Washington and Dudley Streets.

PRACTICE FOR SALE, five miles from Boston. Receipts last year $2500. Address "A. B. Blank," care Otis Clapp & Son, 10 Park Square, Boston.

DR. CORA SMITH EATON, class of '92, B. U. S. of M., has removed from Grand Forks, No. Dakota, to Minneapolis, Minn. — Medical Block.

WANTED TO BUY: — A good homœopathic practice in a town of 1500 to 5000 population, in New England. Southern part preferred. Address "A. B.," care Otis Clapp & Son, 10 Park Square, Boston.

DR. HOMER I. OSTROM announces to the profession that his "Private Surgical Hospital," 127 West 47th St., New York City, is completed, and that he is now prepared to receive surgical cases and those requiring surgical operations.

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WANTED.—Ten boys to go to the Maine coast for the summer. To be given a course of massage treatment and physical training. Ten to fifteen years of age preferred. Good board guaranteed. Cost $12 per week including treatment. Address "G. E. R.," 81 Worcester St., Boston.

A SENIOR in Boston University School of Medicine would like to associate himself as assistant or otherwise with some practising physician, in Boston or the suburbs, after his graduation in the coming June. Address F. G. D., 123 West Newton St., Boston.

DR. H. A. HANDS, of North Cambridge, Mass.. sailed for Europe on the 4th of April, intending to join his wife, Dr. Anna C. Hands, in Paris and return with her about June 1. The latter has been studying in Europe for several months past, devoting herself to diseases of the eye and ear.

THE ANNUAL examination for resident physicians to the children's Homœopathic Hospital of Philadelphia, Pa., will be held on Friday, May 1st, 1896, at 12 o'clock noon at No. 926 N. Broad St., Philadelphia, Pa.

Please send applications in writing to Dr. J. M. Reeves, Pres. of Med. Board, No. 1609 Mt. Vernon St., Philadelphia, Pa. — *Landreth W. Thompson, Sec'y Med. Board.*

PRACTICE FOR SALE IN MAINE.—A homœopathic physician of thirty-five years' practice in one town will sell his good-will, office-plant, medicines, stock and furniture, everything ready for practice, for moderate price. No competition and a rare opportunity for a man of energy and character. Practice first-class, embodying best and wealthiest families. Patients waiting medical attention, which the present occupant of the practice is unable to give on account of infirmity. Address "Dr. S. E. D.," care Otis Clapp & Son, 10 Park Square, Boston.

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By order R. A. BENNETT, *Secretary and Superintendent.*

N. B. — A sum of £50 will be allowed the successful candidate for his travelling expenses to the colony.

OBITUARY.

—:o:—

IN MEMORY OF DR. MYRA F. DE NORMANDIE.

RESOLUTIONS drawn up by a committee of the class of '85, B. U. S. M.

Whereas, It has pleased God in His all-wise Providence, to remove from our midst by death our friend and classmate Myra F. De Normandie, M. D.: Therefore be it

Resolved, That while we bow in submission to the will of Him who doeth all things well, yet we deeply feel and sincerely regret the loss from our ranks of one who gave promise of many more years of valuable and efficient labor.

Resolved, That in the death of our classmate the community has lost an able, earnest and conscientious physician who brought to the practice of the profession a willing heart and a brilliant mind.

Resolved, That a copy of these resolutions be forwarded, for publication, to the *N. E. Medical Gazette.*

S. S. WINDSOR, *for committee.*

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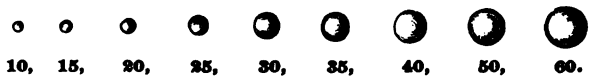

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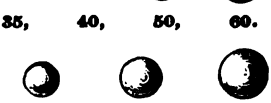

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THE

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COMMUNICATIONS.

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X-RAYS AT BOSTON UNIVERSITY SCHOOL OF MEDICINE.

BY THOMAS R. GRIFFITH.

A brief account of the exhibition of the X-rays during the recent Hahnemann Festival may be of interest to many, especially to those more directly concerned with the progress of the school in scientific work. While the apparatus was not of the capacity to allow any extended experimentation, it was sufficient to demonstrate practically the methods used in producing skiagraphs and to show the fluorescing screen.

The work was done under adverse circumstances for no coil of adequate size was possessed by the school and as none was readily obtainable, the task of constructing one was undertaken in the physiological laboratory and a coil capable of giving a 4-inch spark was finished in time for the exhibition. The minor apparatus, in fact everything used in the experiments except the Crookes tube and fluoroscope, was home-made.

Four regular exhibitions per day were given, besides many private demonstrations. Necessarily they were of a popular character and consisted in the explanation of the changes in the discharge of the induced current, from the spark given in the air, to the more and more diffuse discharge in a tube, as a vacuum is formed, until the stage is reached where the effects of the cathode and X-rays can be studied.

No pump was possessed sufficiently powerful to produce the degree of exhaustion of the Crookes tube, but the air was reduced to about $^1/_{1200}$ of an atmosphere and all the gradations of discharge up to the Geissler effects were exhibited.

When the tube was first connected with the pump and the current passed through it no discharge took place between the electrodes, they being too far apart to allow the passage of

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a spark against the resistance offered by the air at ordinary pressure. As the air was exhausted from the tube, and the resistance lessened, there first appeared a ribbon-like flame of violet light. This became broken into tendrils and grew more and more indistinct until finally, when the tube was exhausted to about $^1/_{1200}$ of an atmosphere, the discharge presented the well-known appearance characteristic of the Geissler tube, being striated, the striæ being concavo-convex with the convexity directed always toward the negative electrode. The electrodes also at this stage are characteristic, the negative being surrounded by an area of violet light, while the positive electrode was dark and practically free from any discharge whatsoever. As the exhaustion of the tube continues, the luminosity becomes more and more diffuse, and with a perfect vacuum the current would refuse to pass. Thus before the total vacuum is reached, the luminosity within the tube ceases, so that at about one-millionth of an atmosphere there is no visible discharge between the electrodes.

From the cathode, which is the electrode connected with the negative pole of the induction apparatus, there proceeds a something, whose effects have been studied by Hertz, Crookes, Lenard and others and which is called the cathode-ray. The cathode-ray exists in lower stages of vacua but when the greater degree of exhaustion is reached, it is more easily demonstrated.

The molecules of the gas in the tube are further separated, and the cathode-ray is projected in straight lines from the cathode, possessing the power of fluorescing the walls of the tube wherever it strikes, and when focused by a concave disc electrode upon the sides of the tube or even a piece of platinum within the tube, will heat, and with a strong current will melt them. The color of the fluorescence of the glass depends upon its composition, that containing uranium giving a yellowish-green while lead glass will fluoresce blue.

There has been some dispute regarding the source of the cathode rays, some claiming that they were not of cathodic but of anodic origin. Elaborate experiments have been performed to prove their cathodic origin, by several writers, but this seems unnecessary as the mere observation of a Crookes tube in action will demonstrate satisfactorily their source, and in this regard I noted as follows: That the shadow of one electrode was cast upon the wall of the tube, showing that the source of the fluorescing power must have come from the other electrode. This other electrode was the terminal of the negative pole of the secondary current, therefore the rays which caused the fluorescence in the tube were projected from the cathode and were not of anodic origin.

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It is claimed that because of the fact that the secondary current alternates with each make and break of the primary current, the polarity is constantly changing and the electrodes are alternately anodic and cathodic. While this is true, one electrode is more cathode than anode, and vice versa, as is evidenced by the direction of the convexity of the striæ in the Geissler tube discharge which is constant and toward the negative pole, or toward the pole which is most negative. Also around the negative electrode of the Geissler tube is the area of luminosity which is almost completely wanting around the positive.

From the surface bombarded by the cathode rays are projected the X-rays, so called because of their unknown character, and whether they are modified cathode rays or an entirely new force, they exhibit phenomena which are matters of dispute and at present unexplained, some claiming that they are longitudinal light waves, others that they are sound waves and still others that they are excessively long or excessively short transverse light waves. Whatever they are, they, like the cathode rays, are not directly perceptible to our human senses and can only be studied at present through their effects on other material substances.

Like the cathode rays they have the power of manifesting themselves by fluorescing certain substances, but that power is more extensive, for the X-rays pass through substances which to ordinary light are quite opaque and the transparency of material matter to the X-rays seems to be almost directly proportional to the density of the substance. Thus glass is very opaque to the rays while considerable thickness of wood, ebonite, the softer animal tissues and so on are easily penetrated. Of the metals aluminum is probably the most transparent and lead the most opaque; they being almost the extremes of density in the metals.

The X-rays are not dependent upon the fluorescence of the glass of the tube, for a tube of aluminum is even more powerful than one of glass. Aluminum tubes have been tried and work well while the vacuum lasts, but the porosity of the metal has proved fatal to the long life of the tube.

While the fluorescence is not necessary for the production of the X-rays, they are formed the strongest on the area of brightest fluorescence, in tubes where the cathode ray is projected against the walls of the tube. In a tube having a concave cathode which projects to a focus the cathode rays upon a piece of platinum, situated about the middle of the tube, the X-rays are derived from this platinum. Thus it is seen that the origin of the rays is within the tube and that to be used they must pass through the walls of the tube, making obvious the

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fact that the thinner the wall of glass or other material the less exhausted will be the power of the X-ray when it reaches the outside; so with a tube of thick glass all the manifestations of the cathode ray may be present and presumably the X-ray also within the tube but no evidence of the latter can be had as the thick glass is not penetrated.

One of the tubes I used in the experiments here was spherical, about 2¾ inches in diameter, with two electrodes of aluminum wire, one curved with the evident intention of directing the cathode ray up to the top of the tube where the X-ray could be most conveniently utilized. This tube was powerful in X-rays but both electrodes being simply of wire, the cathode rays were projected in all directions and fluoresced beautifully the whole tube. This was pleasant to look upon, but when a skiagraph was taken, instead of getting a sharp shadow, there was a blur, caused by the rays being directed not only from the tube in a perpendicular direction upon the sensitive plate but also oblique rays were projected from the periphery of the tube and from every point between the periphery and centre. This I corrected somewhat by the use of a lead diaphragm, but in doing so I cut off part of the rays and lessened the power just so much.

The area of the brightest fluorescence was in a zone bounded by the length of the electrodes, and of course the blur was more pronounced in the line of the zone. Thus no diaphragm was used in the skiagraph of the frog which is reproduced on another page, and it will be seen that the bones lying parallel to the plane of the zone are fairly sharp, while those lying at right angles to the zone are not nearly as distinct showing the blur of a multi-shadow. The frog was laid upon the slide of a closed plate holder and thus was about $^3/_{16}$ inch from the plate, while in the case of the flounder, the skiagraph of which is also reproduced, no plate holder was used, the plate being wrapped in two thicknesses of black paper and then having placed over it one thickness of paraffined paper upon which the fish was laid, the distance between the fish and plate being not over $^1/_{16}$ inch. The paraffined paper was used to prevent the moisture from affecting the sensitive plate. The distance was also made greater in this latter case and these precautions obviated to some extent the trouble caused by the large fluorescing area. In fact if a sufficiently powerful current was used to allow a great distance between plate and tube that effect would be rendered of small account, for the greater the ratio of the distance between the tube and the object casting the shadow, to the distance between the object and plate, the sharper will be the shadow; this result being directly increased or decreased by the size of the

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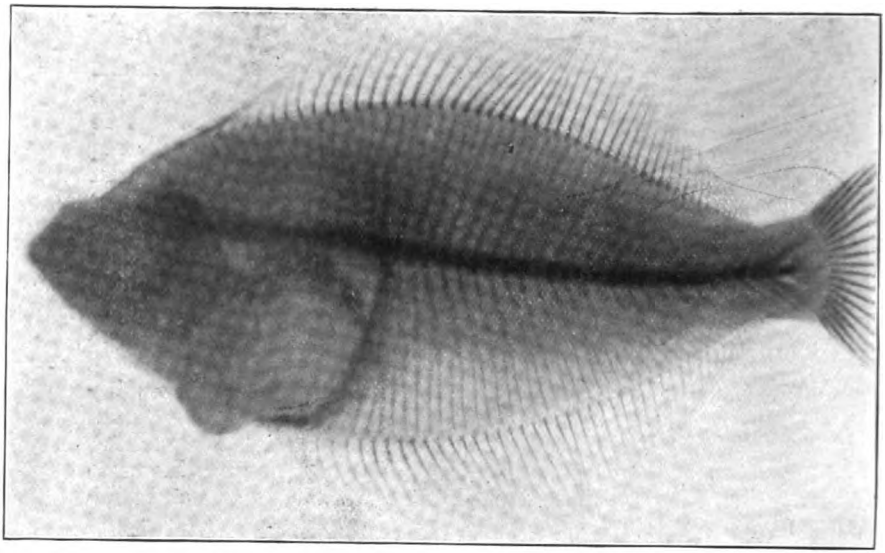

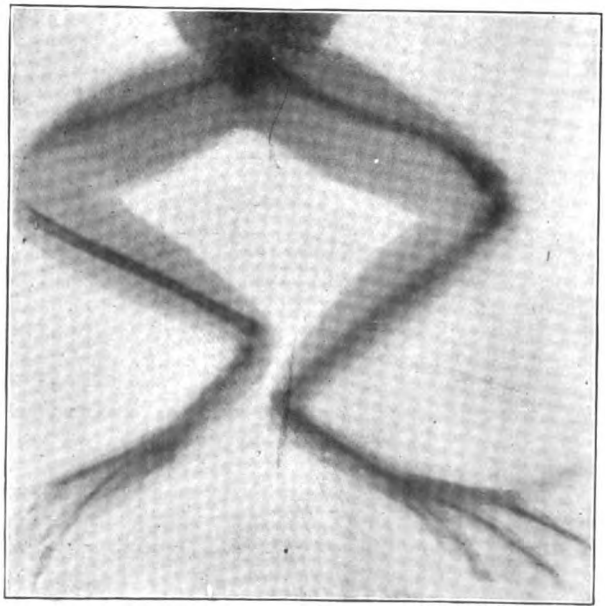

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area from which the X-rays originate. Thus a cathode ray focused upon the side of tube will give a limited but brilliant fluorescing area, but with the disadvantage that with a strong current the bombarded spot becomes greatly heated and may even be melted down, destroying the tube.

The localized area can also be secured by focusing upon the platinum as spoken of above and while the platinum may possibly be fused it is of course much more refractory and the danger of such a result correspondingly lessened.

The tubes I found to give the best results were made by the Beacon Lamp Company of Boston. These tubes known by them as the "Bombarders" are somewhat oval in shape and the electrodes are as follows: the cathode, an aluminum disc slightly convex, is placed at one end of the tube, the rays being directed against the opposite end. There are two other electrodes, placed in electrode chambers in the side of the tube so as not to obstruct the cathode rays, one being of platinum wire and the other of aluminum wire. The platinum electrode is for the purpose of regulating the vacuum if it becomes impaired.

In regard to the plates and developers used in these experiments the best results were obtained from Carbutt's orthochromatic plates and rodinal developer. These plates developed up clear shadows and dense ground work and the rodinal works quickly and cleanly, saving a much time and patience.

The coil was capable of giving a four-inch spark but at no time was that length used owing to the fact that proper primary current was not available; two storage batteries being used giving 4 volts and about 12 amperes which was not the right current to give the best results; so that when the frog was taken only a spark of 2 inches was being given by the coil and in the case of the flounder only 1½ inches.

The exposure of the frog was thirty minutes and of the flounder fifty-five minutes, the latter being taken upon a 6½x8½ plate and reduced to the size shown here, when reproduced; the frog is reproduced actual size.

Besides the methods of making the skiagraphs was also shown the principle and practical working of the fluorescing screen and the fluoroscope. At first I used the platino-barium-cyanide salts but later the crystals of tungstate of calcium. This latter gave the most satisfactory results, a screen made by gluing a layer of the crystals to paper fluorescing brightly when exposed to the X-rays.

The fluoroscope used was one constructed after Edison's description, consisting simply of a wedge-shaped tube, the smaller end made to fit tightly over the eyes and shut out ex-

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traneous light and the larger end closed in by a piece of opaque cardboard, which was coated on the inside by a layer of the tungstate of calcium crystals. When the tube was placed over the eyes and directed toward the X-rays, the screen fluoresced brightly and any object which was opaque to the rays, held between the source of rays and the screen cast a shadow. Thus when the hand was placed over the screen the rays penetrated the softer tissues, and the harder bone and possibly ligaments to some extent cast a shadow which appeared to the vision as the skeleton of the hand more or less devoid of the flesh according to the intensity of the rays.

With the Beacon Lamp Company's tube the ribs could be quite clearly shadowed; and the fluoroscope, at a distance of four feet from tube, showed a bright luminosity.

The work done in this direction during the festival was, of course, but experimental and of limited extent, but what was done in a small way with inadequate apparatus can be enlarged into a sphere of usefulness and practical value to the surgeon and physician, by the increase of the apparatus to the power necessary to produce the greater results.

That this will be done in this school it is certain to say, for to neglect a thing which promises as much as does the application of the powers of the X-ray would be most inexcusable.

Even if the application be limited at present, the future development of that power which is only in the morning of its discovery may bring forth greater possibilities and it is well to keep abreast with the scientific world and be ready for what is to come, by having at least the known things well in hand if not in some way helping on with the development of the at present unknown.

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*WESTBOROUGH INSANE HOSPITAL; ITS METHODS AND RESULTS.**

BY FREDERICK HOWARD WINES.

The State Lunatic Hospital at Westborough occupies the premises formerly in possession of the State Reform School. Any attempt to describe briefly the buildings handed over to the trustees, and the additions and alterations made since the transfer of this property, would be futile. It is enough to say that they are poorly adapted to their present use. Architecturally speaking, their only merit is that they are but two stories in height. It is much to be regretted that they were not razed to the ground, and a properly planned hospital erected upon entirely new foundations.

* Reprinted from the *Boston Herald.*

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Nevertheless, excellent results are attainable in a house of any form, if the physicians and nurses are competent and faithful. If the official statistics of recoveries at Westborough are trustworthy, which I have no valid reason to doubt, satisfactory results have here been secured, in spite of the double handicap involved in bad architecture and the original transfer to this institution, several years ago, of a large number of chronic and incurable lunatics, many of whom are still in it.

The site is admirable. The landscape which gladdens the eye, look in what direction you may, is charming, especially the view of the hills and of the town nestling among them, across the lovely lake which lies immediately in front of the lawn.

No better method of arriving at a correct notion of the life of the patients can be suggested than to examine with care the daily ward reports. The morning selected is that of the 28th of March.

Male patients—Total number in nine wards, one of which is a cottage occupied by a single wealthy patient, 226; taking medicines, 79; receiving special diet, 20; fed with a tube, 1; in bed, infirm or ill, 28; wet their beds, 18; soiled their beds, 22; epileptic seizures, 1; in restraint, 2; in seclusion, 1; did not leave their wards, except for meals, 94; took a morning walk, 20; took a walk in the afternoon, 24; went out to an evening entertainment on one of the best wards, 14; idle, 82; employed, 116; employed on the wards, 53; employed elsewhere, 69; on parole, 36.

Female patients—Total number in 14 wards, 374; taking medicine, 140; receiving special diet, 28; fed with tube, 2; in bed, 67; wet their beds, 62; soiled their beds, 26; epileptic seizures, 8; did not leave their wards, except for meals, 244; took a morning walk, 68; took a walk in the afternoon, 85; went to an evening entertainment, 14; idle, 141; employed, 166; employed on the wards, 70; employed elsewhere, 113; on parole, 53.

In comparison with Danvers, the number of patients employed is relatively nearly twice as great, the number on parole twice and a half as great, and the number in bed more than three times as great. The number who soiled or wet their beds at Westborough, with 600 patients, was 128, against 52 at Danvers, with 983 patients.

The average number of hours' work by those said to be employed is a little over four. I should hardly account as employed those on the wards. Off the wards there were at work in the kitchen six men and 13 women; in the associated dining-room, 10 men and 35 women; in the laundry, 17 men and 24 women; sewing, 33 women; cane-seating chairs, 17 men; two men in the bakery, and two at the barn; one helping the

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engineer, and in various special duties, 17 men and 19 women. Of those not in bed, 223 (or 44 per cent) were idle, and 338 (or 53 per cent of the entire number) did not leave their wards. These figures illustrate the difficulty of finding suitable occupation for the insane in institutions, and their consequent listlessness and ennui.

It was a pleasure to find, in the evening, in one of the wards, a little card party of 14 men and 14 women, most of whom were playing progressive whist, and a few amusing each other with chess or checkers.

Part of the mechanical restraint used is the result of the prominence here given to the "rest cure"; it is in the form of a "protection sheet" of a special pattern, which serves as a substitute for a crib bed, and is applied in many cases both by day and by night.

More would no doubt have gone out walking, had not the day been cold and windy.

I was slightly surprised to learn that more than one-third of the patients were taking medicine, and less than one-tenth receiving special diet.

Dr. Adams, the medical superintendent, called my attention to the report made at Chicago in 1894 by a special committee of the American Medico Psychological Association, on statistics, in which Drs. Burr, Hurd and Wise advise the separation of the insane in institutions into two great groups, for statistical purposes, under the headings "curable conditions" and "incurable conditions." They say that there are three curable types of mental disease, namely, mania in its acute forms, melancholia in its acute forms, and acute alcoholism. Dr. Adams has long held the same opinion, and his views as to the diagnosis and prognosis of insanity, as he developed them in conversation, are interesting and suggestive.

The acute stage both of mania and of melancholia is the early stage, before the malady has become chronic. In this stage Dr. Adams characterizes it as "functional"; in the latter stages as "organic." In melancholia, according to him, the delusions and hallucinations of the patient are subjective; he imagines himself to be at fault and the cause of the disaster to others. Where his delusions are those of persecution, and he believes that he is the victim of objective conditions, the original form of disease is not melancholia, although the patient may be depressed, but paranoia, an incurable malady. As between melancholia and mania, melancholia is more persistent and yields less readily to treatment.

But if the conditions are curable, and the skill of the physician is equal to the demand upon it, all cases of "functional" insanity should recover. Dr. Adams does not claim that he

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possesses the required skill, nor does it exist to-day in the medical profession, but he sees no reason why, with the advance of science, it may not be attained at some time in the future. The only way in which we can check the tendency everywhere apparent to a disproportionate increase in the number of the insane is to cure the curable cases in the early stages of the disease, and so prevent, as far as possible, the transmission of the insane diathesis to posterity. He therefore regards it as incumbent upon every medical superintendent to do everything in his power, regardless of expense, for the curable. If the means at his command are inadequate, the curable have the first claim to consideration, and it is to the interest of the entire community that this claim should be fully recognized.

The trustees in their last report recall the fact that the Westborough hospital was "founded for the treatment of patients upon the principles of medicine known as homœopathic," and they claim that "the larger percentage of recoveries has demonstrated that its methods are an advance upon those heretofore practised at the other state lunatic hospitals."

No doubt the superintendent is a firm believer in the medical theories of the school of practitioners "known as homœopathic." But he seems to attribute his success as a specialist in nervous diseases far less to the administration of drugs than to the use of methods wholly disconnected with any controversy between the respective advocates of heroic and of infinitesimal doses.

In the first place, he has a larger staff than is customary of physicans and nurses. There are four medical assistants, two men and two women, for 600 patients, and 60 attendants, or one to every ten patients. Like Dr. Page he believes that competent nurses for the insane require to be developed by suitable training, and he has maintained in successful operation for seven years past a training school for nurses in the institution. Both the male and the female attendants are uniformed. At the present time, all applicants for employment in this relation are required to sign a declaration of intention to remain for at least two years and complete the prescribed course of instruction. In addition to the training here given, they are, if a favorable opportunity presents itself, allowed and encouraged to perfect themselves still further by attendance upon lectures to nurses in an ordinary medical and surgical hospital. One aim of the institution is to create a body of qualified nurses for the insane, who can take charge, under competent medical direction, of private patients in private practice, and who will also be able to receive into their own homes patients whom the State of Massachusetts may regard as suitable to be placed out.

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He also takes special pains to stimulate the members of the medical staff to effort after self-improvement and the elevation of the standard of care in all departments of the hospital. They make a practice of meeting him daily, at a given hour, for conference as to the condition and needs of the patients. Each of them is, moreover, required to take up some special line of study, based upon original observations in the wards, and to present once in three months a monograph embodying the observations made and the deductions from them.

The medical staff, it is hoped, will soon be augmented by the employment of a competent pathologist, for whose use a suitable laboratory and apparatus will be provided. Some pathological work is now done by the assistant physicians. Great attention is paid to urinary analysis. At the reception of each patient all his vital organs are interrogated, in order to determine his constitution, and to detect the presence of organic or other diseases; the result in each case is carefully recorded, and this record necessarily modifies the treatment of individuals. Autopsies are possible in about one-third of the deaths which occur annually.

Dr. Adams does not so highly value his own judgment in dealing with the problems to be met in the administration of the responsible trust confided to him, as to feel that he needs no outside supervision, counsel and support. He has, therefore, secured the services of an able body of visiting physicians and surgeons in general practice, one of whom inspects the hospital each month. I have never yet met, in any state or nation, a superintendent of any institution of any description, who did not welcome intelligent, disinterested, sympathetic, kindly criticism and advice.

He does not believe in hypnotics, sometimes called "chemical restraint." Mechanical restraints in special cases are, in his judgment, more efficacious and more humane. He has great faith in the beneficial influence of the "rest cure," for patients to whom it is adapted; but insists equally upon the need, for the great majority, especially of the chronic insane, of useful occupation and systematic, regular exercise. There is a class of patients who here practise a modification of the Swedish light gymnastics, under a physical trainer who understands the relation of special movements to the development of particular muscles. He has experimented with hypnotism, but finds, as others have found, that the insane are less susceptible to hypnotic suggestion than the sane, and that much more can be done with them by simple, ordinary suggestion. Great reliance is placed upon scientific feeding and the building up of tissue. Just now, a course of experiments in thyroid feeding is in progress, from which good results are believed to have been obtained, and it is hoped that some

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patients who could not otherwise be reached may thus be benefited. Thyroidine is a sort of pemmican, made of the thyroid glands of sheep, dried and pulverized; it is not an animal extract like cerebrine. It is regarded as of specific value in myxœdema.

Without disputing the integrity or accuracy of any representations which have been, or hereafter may be, made as to the percentage of cures in this institution, under curable "conditions," I think that it will be more satisfactory to the public at large to submit some comparisons, founded upon the uniform statistical tables prepared by the several state lunatic hospitals under the direction of the State Board of Lunacy and Charity. In their annual reports the alleged recoveries are classified according to the supposed duration of the disease at the time of reception of each patient. The admissions are classified on the same basis in the report of the State Board. Recent cases are such as have not a previous history covering more than a year; otherwise they are chronic. I omit those in which the duration of the disease is unknown, and from these two official sources of information construct the two following comparative tables:

1.—RECENT OR ACUTE CASES.

State hospitals.	Admitted.	Recovered.	Per cent.
Worcester	272	75	27.59
Taunton	176	66	37.50
Northampton	109	32	29.36
Danvers	208	53	25.48
Westboro	112	48	42.86
Total.	877	274	31.24

2.—CHRONIC CASES.

Worcester	221	9	4.07
Taunton	124	6	4.84
Northampton	79	4	5.06
Danvers	130	6	4.62
Westboro	107	14	13.98
Total.	661	39	5.90

These figures should serve as an impressive warning to the friends and relatives of persons suffering from mental derangement, not to delay placing them for early treatment in the hands of competent specialists.

There are, of course, three modes of calculating the percentage of recoveries in any institution for the insane, according as we use for the divisor the total number admitted or under treatment or discharged.

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Of all admitted, the percentages of the recovered for the year ending Sept. 30, 1895, were as follows: At Worcester, 16.41; at Taunton, 19.70; at Northampton, 18.91; at Danvers, 15.86; and at Westborough, 26.39.

Of all under treatment: At Worcester, 5.91; at Taunton, 6.86; at Northampton, 5.44; at Danvers, 4.68; at Westborough, 9.52.

Of all discharged (otherwise than by death): At Worcester, 23.18; at Taunton, 30.65; at Northampton, 30.16; at Danvers, 26.46; at Westborough, 38.95.

These are calculations which I made for myself. I showed them to the superintendent, when substantially the following conversation occurred:

He remarked that, with this showing, he did not appreciate the force of the statement in the last Annual Report of the Board of Lunacy and Charity as to "the failure of this hospital to come up to the average standard of the state institutions for the insane," since an institution can only be fairly judged by its work—not by the buildings which it occupies, the character of the housekeeping, or the details of its domestic economy.

I replied: "Possibly you have not fully appreciated the bearing of the remark made in that report, that the use of the word recovered depends entirely upon the point of view, and that in some instances where the authorities at Westborough discharge a patient as 'recovered' other hospitals may discharge him as 'improved,' or 'much improved.'"

"Oh, yes, I do," he said. "It is an insinuation that I am either incompetent to form a correct judgment as to the recovery of a patient, or dishonest in my statement of my real opinion. No one but an idiot will dispute the fact that the judgment of one physician in a particular case may differ from that of another. What is true of the authorities in charge of this hospital is equally true of the authorities in charge of any hospital in Massachusetts or elsewhere. But the State Board need not take my word for it. The evidence of truth or falsity of my statements is in the State House, and in their possession. Why have they not examined it?"

"What do you mean by that?"

"I mean that the only absolute test of the actual number of recoveries is in the number of recommitments. I know how many patients discharged by me as recovered have been recommitted to this hospital, but I do not know how many have subsequently been committed elsewhere. The State Board does know. As a lunacy board I claim that it is under a moral obligation to give to the public the information as to this point which it alone is in a position to give. I am willing to abide the verdict which the facts will warrant, whatever it may be."

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The doctrine of "similia similibus" has never had any intellectual attraction for me, but I desire to state the facts relating to this hospital fairly and without prejudice. I confess that I do not see how the State Board, after what it has said, which it is certainly possible to construe as a reflection upon Dr. Adams' personal integrity, can refuse to accept the challenge which he thus extends.

The noise and confusion in the wards and in the congregate dining-room, of which the State Board complains, was not apparent on the day which I spent in the examination of this hospital. It struck me, on the contrary, that they were unusually quiet and orderly. But the behavior of patients at different times is something remarkable and unaccountable. One never knows what it will be. Possibly it depends in part on atmospheric and meteorological conditions. I saw very few actively insane manifestations, and the patients appeared to be on noticeably good terms with those in charge of them, including the superintendent, who escaped with far less personal abuse than I anticipated. In respect of neatness and cleanliness, the wards appeared to me to be up to the average.

The fault most to be complained of is the same which exists at Danvers—overcrowding. This cannot be helped, so long as the present pressure for admission to the state hospitals continues. There is no overcrowding on the male side of the house; it is all on the female side. I inspected every ward by night, as well as by day, and should judge that from 60 to 80 women, many of them with white hair, were sleeping in the corridors, on mattresses placed upon the floor, without cots. It was a pitiable, and I think I ought to add, a shameful sight. For this neglect of those who cannot help themselves, and who are virtually imprisoned, many of them for life, without having been guilty of any offence against the law, somebody is responsible. It is a condemnation which I should not like to share.

The government of this hospital is, as it should be, by a board of trustees. The relation of the State Board of Lunacy and Charity to it is purely supervisory, except in the matter of discharges and transfers of patients. On the question of supervision, as differentiated from control, Sir Arthur Mitchell, a chairman of the Scotch Lunacy Commission, has well said that actual management by boards of inspection would place such boards in a false position, because they would then have to report on the condition of institutions in the government of which they took a part and shared responsibility.

A committee appointed in 1891 by the lord lieutenant of Ireland, to report on the advisability of a lunacy commission for that kingdom, observed in speaking of the experience of

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the Scotch board: "It is not believed that, if it had enforcing powers of a very strong character, more could be accomplished than is at present accomplished by the force of publicity, reason and good sense. What is right is likely to be done more thoughtfully and liberally than what is done under compulsion."

Lord Shaftesbury testified in 1877, before the Dilwyn committee: "I am sure the success we have had with county asylums has been entirely because we have done everything by persuasion, by the force of experience and constant observation, and we have never exercised any authority." I take these quotations from an excellent paper on lunacy commissions by Dr. Edward N. Brush of Maryland.

In this regard, the relation of the state board to the state hospitals is scientifically what it should be, on the negative side. There is, however, a positive duty to be performed by a supervisory board—inspection, and it must be inspection which inspects; not merely a casual and hasty walk about the premises of an institution and a miscellaneous chat with the superintendent at luncheon or at dinner. It is not the shell of the institution which demands study so much as its kernel—the inmates. The question always is, What is done for them? What more can be done for them? Is everything done for them which the public expects and the Legislature requires? Ought the Legislature to be urged to do more for them? What is the real spirit and aim of the institution? How far does it manifest itself in the treatment of the inmates? What are the actual results of the treatment given? Are they satisfactory? If not, would a change in the treatment render them more so?

To bring about needed changes by purely moral suasion is the office of a supervisory board. There can be no effective moral influence exerted, where the supervisory board and the administrative board in charge of a particular institution are not harmonious and do not coöperate to a common end. In order that an administrative board may yield willingly to a supervisory board, it must be convinced that the board of inspection knows as much as it does and more; that it is not actuated by prejudice, but is impartial, fair, considerate and always courteous; that it is willing to listen to explanations of the reasons for the adoption of a course which it disapproves; that it will not condemn the management of any institution unheard and without notice to the parties directly affected; that it has no pride of opinion or position, no ambition for power, no disposition to contend for the honor of victory; that it is animated by one consuming desire and purpose, namely, to benefit those for whom the institution was created and is maintained; and that, to secure this end, it shrinks from no labor and no sacrifice.

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REPORT ON THE CONDUCT OF WESTBOROUGH INSANE HOSPITAL.

BY A SPECIAL COMMITTEE.

[*Read before the Massachusetts Homœopathic Medical Society, April 8, 1896.*]

Mr. President and Members of the Massachusetts Homoeopathic Medical Society:—The State Board of Lunacy and Charity in its last annual report dated January, 1896, in commenting on the management of the Westborough Insane Hospital, commits itself to the following opinion which is to be found on pages 78 and 79 of said report:—

"The Board is constrained to repeat essentially the opinion expressed in former reports with regard to the failure of this Hospital to come up to the average standard of the other State Institutions for the Insane. With full recognition of all that has been accomplished, understanding the impossibility of securing the same conveniences in an old building, however thoroughly renovated, as could be obtained in a new one built according to modern plans and ideas, and congratulating the trustees that the Hospital has established itself upon a paying basis and is no longer applying to the Commonwealth for aid in meeting its running expenses, it is necessary to say that in some of the essential features of a good hospital this Institution is sadly lacking. Chief among the defects may be mentioned the noise and confusion which have been repeatedly noticed in some of the wards, their untidy condition, the inefficiency of the nurses, and, in the judgment of the Board, the injudicious use of the 'rest cure.' The nurses are so frequently changed, and new and inexperienced ones so often placed in office, that, even with the advantages of a training-school, there is no time to drill them into sufficient discipline. The trustees claim a larger percentage of recoveries than in the other Hospitals, but it must be remembered that the use of the word 'recovered' depends entirely upon the point of view, and in some instances where the authorities at Westborough discharge a patient as 'recovered,' other Hospitals may discharge him as 'much improved' or 'improved.' It should be noted besides that the percentage of recoveries here is based upon the number of alleged curable cases, instead of the number of admissions, which is the case at the other hospitals, and also that the method of diagnosis followed is apparently different from that employed at the other hospitals.

"The system of classification of patients here is unsatisfactory,—dements, acute and chronic cases, and even suicidal cases, being all found together in one ward. The congregate dining-room, which has been in use ever since the establishment of the Institution, would work more satisfactorily if a

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larger number of the more noisy patients were kept away from it."

The charges contained in this arraignment are stringent, precise and serious in nature. If founded on close and accurate observation and mature, intelligent judgment, there is indeed sufficient cause for a sweeping reformation in the conduct of the Hospital;—if, on the other hand, these accusations are unreasonable exaggerations of existing imperfections, if they cannot be substantiated by thorough investigation, if they are false to the demonstrable facts, they certainly give evidence of an ungenerous, a wilful and even malicious effort on the part of the State Board of Lunacy and Charity to discredit the work and injure the reputation and usefulness of the Westborough Hospital that fully justifies quick resentment among the friends of the Institution.

Realizing the gravity and importance of this matter, your Executive Committee appointed a sub-committee to investigate the subject and report in full at the earliest date. The sub-committee consisted of Drs. E. P. Colby, J. W. Clapp, F. C. Richardson, N. W. Emerson and J. P. Sutherland. In the discharge of their duty, and being anxious to know upon what grounds the charges of the Board of Lunacy and Charity were founded, they authorized the president and secretary to address the following letter to the State Board of Lunacy and Charity:

"To the State Board of Lunacy and Charity:—

"The Massachusetts Homœopathic Medical Society—an association duly incorporated by special act of the State of Massachusetts, and representing the general body of homœopathic physicians resident therein—respectfully calls your notice to the fact that upon its petition together with that of 6000 prominent citizens of the Commonwealth, the Westborough Insane Hospital was established for the purpose of affording homœopathic treatment to the insane. The members of this Society have therefore watched with great interest the methods of treatment and the results obtained in that Hospital. As a result of their observation, they believe that the Institution has been well conducted; that its patients have been carefully classified; that the methods of treatment have been such as tended to the best results for the patients; and that the percentage of cures, in cases recognized as curable, has been much greater than in any other of the State Hospitals for the Insane.

"They were therefore astonished to find in your last Report, published for the information of the people of Massachusetts, the following:—

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"'The Board is constrained to repeat essentially the opinion expressed in former reports with regard to the failure of this Hospital to come up to the average standard of the other State Institutions for the Insane. With full recognition of all that has been accomplished, understanding the impossibility of securing the same conveniences in an old building, however thoroughly renovated, as could be obtained in a new one built according to modern plans and ideas, and congratulating the trustees that the Hospital has established itself upon a paying basis and is no longer applying to the Commonwealth for aid in meeting its running expenses, it is necessary to say that in some of the essential features of a good hospital this Institution is sadly lacking. Chief among the defects may be mentioned the noise and confusion which have been repeatedly noticed in some of the wards, their untidy condition, the inefficiency of the nurses, and, in the judgment of the Board, the injudicious use of the "rest cure." The nurses are so frequently changed, and new and inexperienced ones so often placed in office, that, even with the advantages of a training-school, there is no time to drill them into sufficient discipline. The trustees claim a larger percentage of recoveries than in the other hospitals, but it must be remembered that the use of the word "recovered" depends entirely upon the point of view, and in some instances where the authorities at Westborough discharge a patient as "recovered," other Hospitals may discharge him as "much improved" or "improved." It should be noted besides that the percentage of recoveries here is based upon the number of alleged curable cases, instead of the number of admissions, which is the case at the other hospitals, and also that the method of diagnosis followed is apparently different from that employed at the other hospitals.

"'The system of classification of patients here is unsatisfactory,—dements, acute and chronic cases, and even suicidal cases being all found together in one ward. The congregate dining-room, which has been in use ever since the establishment of the Institution, would work more satisfactorily if a larger number of the more noisy patients were kept from it.'

"It will be seen from the above that the only word of commendation which your Board can render is 'that the Hospital has established itself upon a paying basis and is no longer applying to the Commonwealth for aid in meeting its running expenses.' So astounding is it that your Board can find nothing but failure in what seemed to be the most successful Hospital in the State, that this Society finds itself forced to appeal to your Board for direct information upon the following points:

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"First. The statement is made by your Board that the 'percentage of recoveries here is based upon the number of alleged curable cases, instead of the number of admissions, which is the case at the other hospitals.' This statement is equivalent to a charge that the authorities of the Westborough Hospital base their own percentage of cures upon the 'alleged' curable cases admitted to their Hospital; while the percentage of cures at other hospitals is based by them upon *all* the cases, whether curable or incurable, admitted to those hospitals.

"If this allegation of your Board is true, the officers of the Westborough Hospital have been making reports tending to deceive the public and place the Institution in a false light. If the allegation is not true,—as, upon a careful examination of the figures, your Board will find to be the case,—your Board owes to the authorities of the Westborough Hospital and to the public an explanation of the charge and a statement of the facts upon which it is based; and this Society respectfully demands that such an explanation be made.

"Second. Your Board intimates that patients discharged from the Westborough Hospital as 'recovered' might be classed by the authorities of other hospitals as 'much improved' or 'improved.' This Society asks for the grounds upon which this intimation is based; and it respectfully inquires whether there are any patients known to your Board who have been discharged from the Westborough Hospital as 'recovered' who have not remained well a sufficient time to warrant such a classification, and whether if such case or cases have occurred the percentage of these has been greater than from other hospitals.

"Third. Your Board states that 'the method of diagnosis followed is apparently different from that employed at other hospitals.' Will your Board explain upon what grounds it founds its opinion of this difference in diagnosis?

"It is not necessary for this Society to discuss at this time the other matters which induce your Board to say that 'here the essential features of a good hospital are sadly lacking.' In the opinion of this Society, the 'average standard' of all hospitals should be determined by their success in promoting the welfare and recovery of their patients.

"The tabulated reports of the various hospitals indicate that this standard has been reached in a higher degree in the Westborough Hospital than in any other. Does the State Board of Lunacy and Charity undertake to say that these reports are not to be taken as true? And, if so, what evidence can it produce to show bad faith or ignorance on the part of the officers of the Westborough, or of any other hospital?

"This Society respectfully suggests to your Board that its

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answer to these inquiries will be awaited with much interest by many citizens of the Commonwealth, interested in the good management and the success of its public charitable institutions.

"THE MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY by Edward P. Colby, president; Frank C. Richardson, secretary."

The receipt of this letter was duly acknowledged by Mr. John D. Wells, clerk of the Board, and on March 31, in reply to a letter of inquiry, he stated that a special committee of the Board had the matter under consideration.

Your sub-committee also made personal, critical inspection of the Hospital and searching investigation into its management. All but two members of your Executive Committee visited the Hospital on Saturday, February 22, and made a tour of its wards. On this occasion, however, the visit was by appointment, and its results, although satisfactory and assuring, need not be dwelt upon. After deliberation it was decided to make an unexpected visit to the Hospital. Therefore absolutely without notification of the Hospital authorities, on Friday, March 6, your sub-committee, every member being present, appeared at the doors of the Hospital at 8.30 a. m., and within a few minutes thereafter was on its way through the Hospital wards. A deliberate and searching inspection was made of the entire institution from garret to tunnel. The results of this visit may be presented to you perhaps most profitably as a *seriatim* reply to the accusations of the Board of Lunacy and Charity.

The Board claims that the Westborough Hospital fails "to come up to the average standard of the other State Institutions for the Insane," and "that in some of the essential features of a good hospital this Institution is sadly lacking."

These charges are rather vague and sweeping. To properly meet them one must define the "average standard of the other Institutions." It is natural to assume, therefore, that *the* essential feature of a good hospital is its ability to cure the patients admitted to it for treatment. If there be a more "essential feature" it is unknown to your committee, who cannot even imagine it. That the percentage of cures obtained at Westborough far exceeds that recorded by any other of the State Institutions for the Insane is an indisputable fact, the statistics to be presented to you fully demonstrate.

Another good feature of a hospital, though perhaps not an "essential" one, is its ability to save money to the State. The Board itself congratulates the Trustees of the Westborough

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Hospital that the institution "has established itself upon a paying basis and is no longer applying to the Commonwealth for aid in meeting its running expenses." This is encouraging, but an important point in this connection is overlooked. If the percentage of cures obtained at Westborough were reduced to the average percentage obtained at the other State Institutions, as would be the case presumably were these cases treated at the other Institutions, Westborough's excess of cured cases would remain in such Institutions as uncured cases, and at the average weekly *per capita* cost of about $3.25 would entail to the Commonwealth an annual expense aggregating thousands of dollars. This outlay is actually saved the State by the Westborough Hospital which thereby proves itself a profitable investment for the State in spite of the fact that its weekly *per capita* cost during the year ending September 30, 1895, exceeded by some thirty-four to forty-one cents that recorded by the other institutions. These Hospitals are not intended primarily as monetary investments, and yet this point justly might be considered as one of the features of a good hospital.

As the Board makes some specific charges, these vague and general ones may be passed with the above comments.

As to these specific charges, the first one is that "noise and confusion" are "repeatedly noticed in some of the wards."

The entrance of a number of strangers recognized as visitors naturally arrests the attention of some of the patients, others being absolutely indifferent to the intrusion. A few of the excitable patients may attempt to attract notice by singing or speaking in a tone of voice consistent with their excitement. Such "noise and confusion" were noticed by your committee, but after our departure, the exciting cause being withdrawn, the disturbance quickly subsided. Such "noise" as may exist certainly produces no injury to the patients, for it does not seem to militate against the recovery of the curable cases.

Second, as to the wards or other parts of the Institution being in an "untidy condition." Assuredly as to habitual untidiness this charge may be flatly contradicted by your committee, for no evidences of "untidiness" were observed by them in corridors, wards, dormitories, bath-rooms, clothes-rooms, serving-rooms, dining-rooms, nurses' rooms, kitchen, bakery, laundry, engine-room or elsewhere.

Third, as to the "inefficiency of the nurses" and the frequent changes and lack of discipline among them.

It cannot be claimed that the care of the insane is an

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attractive occupation, or that its allurements are persuasive, and accusations of the above sort are easily brought against any institution by those unfriendly to it,—but in regard to Westborough your committee claims that the correctness of these charges is open to doubt. Even if true, these defects certainly seem inoperative as far as interfering with the recovery of patients is concerned. The condition of the patients and the wards, the appearance and behavior of the nurses and the general good results accomplished by their aid support the opinion that nurses are efficient and well disciplined. Observation of and conversation with the nurses showed them to be neat and intelligent. That not one of the day nurses interrogated on the subject has been disturbed by calls for night service is a fact which speaks for the efficiency and discipline of the entire corps. Fifty-five and one-half per cent of the nurses have signed the two years' contract, recently established.

Fourth among the "defects" charged against the Westborough Hospital is the "injudicious use of the 'rest cure.'"

This gratuitous assumption of superior judgment by the Board is farcical when considered from the following standpoints: the *personnel* of the Board; the universal results of the "rest cure" in the treatment of nervous diseases; the success and reputation of the "inventor" and the chief advocates of this method of treatment; and the special results of this method as applied at Westborough.

The fifth and most serious charge is an implication of dishonesty on the part of the officials at Westborough in claiming a larger percentage of recoveries than the facts warrant; in misusing the word "recovered" and basing the percentage of recoveries "upon the number of alleged curable cases, instead of the number of admissions, which is the case at the other hospitals."

The Board says, "The trustees claim a larger percentage of recoveries than in the other Hospitals, but it must be remembered that the use of the word 'recovered' depends entirely upon the point of view, and in some instances where the authorities at Westborough discharged a patient as 'recovered,' other Hospitals may discharge him as 'much improved' or 'improved,'"

As a matter of fact the reports show that the "other Hospitals" do not discharge a certain large percentage of patients at all that Westborough might discharge as cured if it had charge of their treatment. And herein lies concealed the "red rag" that irritates this particular Board,

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which, with true taurine instinct, without attempting to investigate the matter in a judicial, impartial manner, makes various charges against it. The statistical tables to follow are based upon the Annual Reports of the various hospitals and form a sufficient comment on this phase of the charge.

Your committee can see no good reason why the Board should not have confirmed its suspicions of "false returns" by a thorough examination of the records before making a public declaration tending to cast odium and discredit upon a public institution. If it be within the province of the Board to criticise and even vilify, it is easily within the province (if not the desire) of the Board to state the exact truth. But the Board is not guiltless of inaccuracy, for it states, "It should be noted besides that the percentage of recoveries here (Westborough) is based upon the number of alleged curable cases, instead of the number of admissions, which is the case at the other hospitals." The fact easily verified is that the Annual Reports of all the Hospitals contain statistical tables showing the number of curable cases admitted and discharged within the year. Therefore, the statement of the Board is not accurate. Furthermore, to show just what the Trustees of the Westborough Hospital "claim" and how imperfectly the State Board read the "claim," we quote from the last Annual Report of the trustees:—"The hospital reports made to the Governor and council a year ago indicate that, of the curable cases which were admitted to this hospital in the year ending Sept. 30, 1894, 68 per cent were cured; while the highest rate of cures of *similar cases* in any other State hospital, during the same year, was 36 per cent." These "claims" are based upon reports made by the various hospitals and not upon any plan peculiar to Westborough, as the State Board implies.

The statistics here presented are of interest in connection with the foregoing, and easily substantiate Westborough's claim to superior clinical results. Special attention is called to the fact that the table shows not only the totals admitted but the totals discharged as "recovered," "improved," etc., from all the State Hospitals for the Insane during the year ending September 30, 1895. Incurable cases are not here considered, for they are discharged for other reason than that of recovery. No one would attempt to reduce Westborough's percentage of recovered "curable" cases by claiming that the percentage included recovered "incurables." Special attention is also called to the columns devoted to "relapsed cases."

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Hospital.	Total Number of Cases Including Acute and Chronic for Year Ending Sept. 30, 1895.				Cases of Acute Curable Insanity Admitted to and Discharged from the Massachusetts Insane Hospitals in Year Ending September 30, 1895.											
	Whole number of cases within the year.	Daily average number of patients in hospital.	Admitted within the year.	Discharged within the year.	Curable cases admitted during the year.	Per cent of curable cases admitted.	Discharged as recovered during the year.	Per cent of curable cases discharged as recovered.	Discharged as much improved.	Per cent of cases discharged as much improved.	Discharged as improved.	Per cent of cases discharged as improved.	Discharged as not improved.	Per cent of cases discharged as not improved.	Died.	Per cent of deaths.
Westborough,	827	564 02	254	260	63	25	48	76	16	25	3	5	3	5	8	12¾
Danvers . .	1278	935.00	372	330	86	23	28	32½	13	15	16	18½	6	7	13	15
Northampton,	705	526.56	201	159	93	46	29	31	15	16	12	13	8	8½	10	10¾
Taunton . .	1191	817.73	406	345	128	31½	44	35	9	7	13	10	11	9	10	8
Worcester .	1436	922.34	512	364	151	29½	27	18	32	21	14	9½	13	9	15	10

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RELAPSED CASES FROM SAME HOSPITAL.

Hospital.	Total Admitted Last 9 Years.	Relapsed Cases Admitted Last 9 Years.	Relapsed Cases Remaining Sept. 30, 1895.	Per cent of Relapsed Cases to Admissions.
Westborough . .	2793	130	29	4¾
Danvers	2815	176	29	6¼
Northampto ı . .	1181	125	28	10½
Taunton	2329	192	63	8¼
Worcester . . .	3694	279	44	7½

ADMISSIONS OF CURABLE CASES AND NUMBER DISCHARGED AS CURED DURING THE LAST SIX YEARS.

Hospital.	Admissions.	Cured.	Per Cent.
Westborough	598	388	64¾
Danvers	549	207	47¾
Northampton	383	122	32
Taunton	686	229	33½
Worcester	1049	229	21¾

The next accusation is "that the method of diagnosis followed is apparently different from that employed at the other hospitals." In regard to the "other hospitals" your committee cannot judge from personal investigation. As to Westborough, however, your committee found an admirably precise and painstaking method in use. The diagnostic records of patients show photographs, measurements, weights, general condition, analyses of various sorts, "previous histories," etc., down to minute details, all giving evidence to the efforts made to obtain scientific accuracy. These "methods" are so advanced that plans are now under consideration to obtain "blood examinations" of each patient. It is worthy of special note that, except during the last few weeks of the year when diagnoses must be made to complete the Annual Report, no diagnosis is recorded until the patient has been under close observation for several weeks (at least a month), and, furthermore, should there be any doubt concerning the diagnosis the patient is given the benefit of the doubt and is diagnosed (and treated) as an acute "curable" case. Should such a case prove

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"incurable" or "chronic," this method of diagnosis would lower by so much the percentage of recoveries of acute cases.

In regard to diagnosis, your committee understands that the classification is in accordance with rules adopted by the American Association of Hospital Superintendents.

The seventh charge is that "The system of classification of patients here is unsatisfactory,—dements, acute and chronic cases, and even suicidal cases, being all found together in one ward." While this "system of classification" may be "unsatisfactory" to the Board, it is the only reasonable and feasible one in an institution which performs the functions of a hospital and an asylum with limited facilities as to wards. The real "system of classification" used is in accordance with the condition of the patient for the time being. For instance, an excitable case is put into a ward with other excitable cases, whether acute or chronic, where his excitement will not disturb others and where he will not be disturbed by the excitement of others. When the period of excitement is over he is put into a quiet ward with other quiet patients, whether convalescents or quiet incurables. To put violent and quiet acute cases together simply because they are acute and "curable" might be a satisfactory classification to the Board, but would certainly not be in the interests of the patients for whom the Hospital exists. Again, from the standpoint of results, the "system of classification" must be considered eminently *satisfactory* to patients and their friends as well as to the friends of Westborough.

The last charge is that "The congregate dining-room would work more satisfactorily if a larger number of the more noisy patients were kept away from it." Doubtless this is true, and perhaps the State Board will insist on having more dining-rooms and other facilities provided so that the results at Westborough may be still more satisfactory.

Your committee was present in the congregate dining-room during part of the dinner hour and had reason to commend the decorous behavior of the patients, who came in and seated themselves quietly and proceeded with their dinner practically indifferent to observation. Two patients, women, were noisy and talked excitedly for a few minutes, addressing themselves to their visitors, but they soon became quiet and devoted themselves to the disposal of their meal.

Your committee desires to take advantage of this opportunity to inform you that there are other matters of interest and importance connected with the management of Westborough not referred to by the Board of Lunacy and Charity. Your

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committee visited the kitchen while the dinner was being cooked, and sampled the food that was being served to the patients. The visit was made on Friday. The fish was fresh and nicely cooked; the potatoes were large and mealy; the breads were excellent.

Ventilation was as a rule good, although one of the electric fans was idle on account of an accident to the roof. In one crowded ward and one low-studded dormitory only was the air at all close. The cause of this, however, was not faulty or careless management but architectural in nature. The rooms and wards were well lighted, and many of them were flooded with sunshine. Electric lighting somewhat diminishes the task of ventilating during the night. The use of "power" in the serving-room and laundry and wherever practicable diminishes by so much the manual labor necessary to do the work.

It should not be overloooked that many opportunities are offered at Westborough for the indoor entertainment of such patients as can find pleasure in amusement, such as billiards, pool, whist, dancing, fancy sewing, gymnastic work, etc. A number of men seemed to be working contentedly in the manufacture of cane seats for chairs. A number of women were occupied in picking curled hair for mattresses. And efforts are constantly made to obtain other kinds of work suitable for the patients under the belief that employment is often of service in tranquilizing and strengthening the mind. Some of the housework also is done by the inmates.

Your committee had no time to inspect the farm even if frozen ground immediately after a snowstorm had been conducive to farming. In this connection it seems a little odd that the Board of Lunacy and Charity overlooked the fact that the Westborough farm, which is smaller and less fertile than the farm at Northampton, yielded produce last year to the value of $19,000 while the yield of $15,000 of the Northampton farm was specially commended by the Board.

In conclusion your committee takes pleasure in assuring you that the homœopathists of Massachusetts may take satisfaction and even pride in the fact that Westborough can creditably stand a searching and critical examination; that the report of the Board of Lunacy and Charity is distinctly and demonstrably unfair, misleading and inaccurate, and that it bears the stamp of malice ill-becoming the dignity of the Commonwealth whose chief magistrate only a year ago generously retracted after deliberate investigation the ill-advised criticism he had been led to make of this same Institution.

Your committee furthermore is strongly inclined to urge this Society, in view of Westborough's brilliant clinical results, to petition the Legislature to add to the Hospital a commodi-

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ous and suitable building for the care of the acute curable insane wherein greater facilities may be provided for continuing and increasing the good work it has so effectually demonstrated its power to accomplish.

ADDENDUM.

On May 11, 1896, the following letter was received from the State Board of Lunacy and Charity.

"DR. EDWARD P. COLBY, President of the Massachusetts Homœopathic Society, 229 Berkeley St., Boston.

"*Dear Sir:*—In answer to your recent communication, referring to the statements of the State Board of Lunacy and Charity in its last Annual Report, with regard to the management of the Westborough Insane Hospital, I am instructed to say that these statements were based upon full and satisfactory information, and the data upon which they rest is in the possession of this Board. The Board is ready at any time to confer on this matter with the Trustees of the Hospital.

(signed) JOHN D. WELLS,
Clerk of the Board."

It would seem hardly necessary to call attention to the wholly evasive, utterly inadequate and trifling character of this reply. Its only virtue is its brevity. Certain very definite questions were courteously asked by your committee, on behalf of our state society and the people it represents, in its letter to the Board. These questions have been quite ignored in the reply sent by the Board. The Board saw fit in its last Annual Report to the people of Massachusetts to most unjustly criticise and cast odium upon a state institution, and to base its criticism upon "information" received from some unstated source, rather than upon the results of personal investigation and knowledge derived therefrom. If this be the function of the Board, if the Board be empowered to vilify a state institution, and make false charges against its management and the results thereof, and then absolutely refuse a courteous request to state upon what grounds such charges are made, thereby making it impossible to institute the needed (?) improvements in the conduct of the institution, it is certainly patent that the powers of the Board are too arbitrary and uncontrolled for a free country, and that its usefulness to the community is a very questionable matter.

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THE MODERN CARE OF THE INSANE.

BY ELLEN L. KEITH, M. D., WESTBOROUGH, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, April 8, 1896.*]

This subject demands more and more attention from physicians each year; and specialists who have cases of insanity to treat find themselves the subject of observation and often of criticism, sometimes friendly and sometimes adverse. Are they keeping pace with the physician in general practice, the surgeon, the oculist, the aurist or any other of their co-workers who are constantly striving to find some new remedy with which to relieve suffering or to cure disease? Have the institutions where the insane are treated proved as worthy the name of hospital as have the general hospitals? Is the contrast as great between the care given the insane of to-day and the insane of fifty years ago as that between the medical or surgical treatment of that period and that of to-day?

It needs only a word to remind us of the neglect and often abuse shown towards the unfortunates of the first half of this century whose minds became clouded or who became violent because of mental disease. The story has been graphically but truthfully told by Dorothea Dix, and my task is the pleasanter one of bringing to your notice some of the later results of her efforts and of the efforts of those who have sought to carry on the work which claimed so much of her time and strength. Not that there was no effort made to alleviate, or cure the insane in earlier times, but, as Doctor Clouston said in regard to the opening of the new hospital, of which he is so justly proud, "The Old East House and new Craig House form a great contrast to each other, yet without the one we could not have had the other. Hospitals, like social arrangements, have a historical continuity and undergo an evolution from the lower to the higher. The underlying ideas and motives of the building of 1813 were those of the one of 1894." Truly the contrast is great, but it is not in the buildings alone that it is shown. He expressed this thought when he said, "We trust we shall be enabled to live up to the house."

"Living up to" such buildings as Craig House, Edinburgh and the new McLean, Waverley, means much. In a word, it means making a refined home for those whose minds are so affected that they cannot remain in their own homes and who need medical care and treatment. Even the general hospital idea is eliminated so far as possible, it having been proven by long study and experience that a mental hospital is more than an ordinary hospital; it is home, place of business, amusement hall, church and hospital combined. As Clouston said last summer, "We have taken these people from their homes, often

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against their will, and are bound to make them as happy as we can."

The primary object of every physician in charge of the insane must ever be to lessen as much as possible the great number of those who will constantly be added to the ranks of the incurable The attempt to do this by using all possible means to cure every recent case should be, and doubtless is, the aim of every hospital for the insane worthy the name. The means used to accomplish this end vary, and so do the results. The pros and cons of "rest treatment" are receiving much attention, and the discussion has waxed warm in England and Scotland. The question was opened at a recent meeting by Doctor Clouston and Doctor Batty Tuke, the former being a strong advocate for out of door air and exercise, with much food, the latter, contending for more rest for acute cases. The discussion on the question seemed to bring out the idea that both were contending for *rest* of the higher brain centres, but that one sought to obtain it by much muscular activity and the other, by a relaxation of the muscles. The theory of physical activity counteracting overstrain of one set of nerve cells in the brain was well presented and sounded attractive, and, though Doctor Tuke gave a scientific statement of the changes believed to take place in the brain during insanity, and claimed that "every constituent of the brain becomes involved, and, besides abnormal mental action, trains of bodily symptoms ensue as a direct consequence," the balance of sentiment seemed to be with Doctor Clouston. No one who has seen Doctor Clouston among his patients can doubt that his whole interest is for their welfare, and certainly a happier, better cared for set of insane patients it would be hard to find. Those who pay much and those who are paid for by the State, alike receive his personal attention and are the objects of his best study.

Still, when we read in the Annual Report of his hospital for 1894 that of the 454 admissions for that year, only 68 were "in average health and condition," while 272 were "in indifferent health and reduced condition," and 114 "in bad health and very exhausted condition," we wonder why such patients should have prescribed for them "hard walking in the fresh air day by day up to the point of conscious exhaustion."

He does specify a few classes of cases in which rest in bed for a short time might be allowed; the puerperal, the muscularly feeble and the very neurasthenic, the very old, the paralyzed, the obviously exhausted and a few morbidly sensitive cases. This would not include the ordinary cases of mania or melancholia, and it is not his custom to give rest treatment to such cases.

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No satisfactory comparison of results can be made with the English or Scotch hospitals and our own, as their classification of cases is quite different.

The question of restraint, mechanical versus chemical, has been a mooted one for years, but of late has claimed special attention. The Lunacy Commission of New York has thought it of sufficient importance to incorporate a series of questions regarding it into the inquiries sent to all hospitals for the insane in that state. The State Board of Massachusetts has given much attention to it and attempts have been made in all the hospitals to lessen the amount used. In nearly all places, abroad as well as here, the use of any mechanical restraint is required to be recorded, and in some hospitals special efforts are made and ingenious devices resorted to, that an entry of this kind may be avoided. In one, I found a woman standing still because her skirt was locked into a door confining her in an upright position. Still, she was not in restraint! Public sentiment is also against its use, though, probably, it is believed outside of hospitals that much more is used than is really the case. The old forms of restraint, iron collars, belts, anklets with chains attached, have long since given way to the use of canvas jackets or camisoles, bedsheets, restraint covers, sleeveless jackets, mittens or muffs. Are these to be superseded wholly by chemical restraint, or in other words, is the motor excitement to be quelled by drugs that stupefy and cause the patient to be passive and inactive? Some hospitals where very little, if any, mechanical restraint is used, say, "Oh, we do not use many hypnotics," but closer inquiry shows that there are always some patients receiving them in some form daily, and that "night medicines" are always prepared for certain patients. In some hospitals these "night medicines" are given to the night nurse to be used at her discretion. I have visited quite a number of hospitals for the insane and have never failed to inquire about restraint, and have yet to find the hospital where either chemical or mechanical restraint is not used.

In order to discuss the question as to the desirability or necessity of its use we must first learn why either is demanded.

The principal feature in the treatment of nearly all acute cases at Westborough is to keep such cases in bed, for a period of from one to three months, during the greater part of each day. To this rest are added frequent and generous feeding, oil baths, massage, warm baths, and always some remedy selected according to our best judgment on homœopathic principles.

Now, if some of these acute cases are so mentally disturbed as not to appreciate their need of rest—and are so excited

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that they walk the floor, stand their bed on end or take off their clothing thereby exposing themselves to cold, some form of mechanical restraint is used, sufficient to accomplish the end sought, always beginning with the mildest. Many, I might say most of the cases of acute mania that have recovered at our hospital have for a longer or shorter period during the intensity of their excitement been confined in bed for rest. This reason applies only to acute cases, and persons in restraint for other reasons are usually chronic cases.

For the persistently destructive, those who alike destroy clothing, bedding, furniture and even the building itself, when they cannot be under constant observation, some form of restraint is used, often a canvas muff or camisole. There are always some violent patients in every hospital who, either continuously or at intervals, are dangerous to others. For these, restraint is seldom needed as they can better be isolated, but for the persistently suicidal or self-mutilating case it is more often in demand. And, when the combination of self injury and injury to others occurs in the same person, as it not infrequently does, the need becomes still greater. To seclude such a person in a room means certain self destruction, and, if in a dormitory, almost as certain injury to nurse or other patient. In a recent number of the *Journal of Mental Science*, P. Maury Deas of Wonford House, Exeter, defends the proper use of mechanical restraint in a strong and sensible paper. His earlier experience as superintendent of a county asylum showed him that educated and refined patients were liable to need mechanical restraint more than the opposite class. I quote a few of his statements:

"Given the choice between strong medicaments and modified mechanical restraint, I prefer the mechanical restraint. It does less harm in the long run, and, if there is a possibility of recovery in the case, I think the use of such drugs is more likely to retard or even prevent recovery.

"I do not think there is any greater possibility now-a-days of using mechanical restraint in excess than there is of using drugs to excess. I hardly think so much.

"Then a very great advantage is that it certainly husbands the strength of the patient by preventing exhausting struggles and limiting the use of sedatives. That, to my mind, is the greatest advantage of all."

This is strong talk from one who says he was "brought up in a school which looked upon mechanical restraint as an opprobrium and a thing that should never be entertained except under the pressure of very extreme circumstances." "But," he adds, "I am bound to say that my experience here

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during the last eleven years has led me to modify that view, and my opinion now is that there is certainly a class of cases received here in which the use of mechanical restraint is beneficial."

He also criticises manual restraint as being less certain and more liable to induce antagonism on the part of the patient against the nurse. We had a most interesting statement made a short time ago by a patient, who at one time was kept in bed and from destructiveness by manual restraint and afterwards at this hospital (Westborough) by mechanical. She spoke strongly of the personal feeling that is roused by being held by a nurse and of the rest that is induced by the knowledge that struggling against mechanical restraint is useless.

The questions of rest versus exercise, and chemical or mechanical restraint, apply chiefly or largely to acute cases, but that of occupation in the fullest meaning of the word interests all the great body of the insane who have been so unfortunate as to pass almost imperceptibly from the hopeful and curable stage to that where it seems probable that many years will be spent in an institution. In my attempt to learn what means of entertainment and occupation were provided for patients many years ago and to contrast their lot with the bright, cheery lives of many to-day, I turned to the annual reports of the Pennsylvania Hospital for the insane of fifty years ago.

It may not be uninteresting to mention some of the means of occupation provided in that hospital at least thirty years ago, and most of them nearly twenty years before that time, that we may see how this first hospital for the insane in the United States has been the leaven that is slowly leavening all the younger institutions.

Among them were out-of-door labor, not hard work for pecuniary profit, but moderate, wisely regulated labor, mechanical employment of a great variety, even for quite violent or excited patients, fancy work, reading, games, music, writing, drawing, painting, the study of mathematics and other branches, gymnastics, lectures, stereopticon pictures, concerts, exhibitions, parties, walking and driving, the patients often going about the grounds alone with their horse and carriage, and, not least in value, but perhaps least copied by other hospitals were the officers' weekly tea-parties, at which thirty patients were invited to meet at table ten of the officers and members of their families and to spend the evening with them. To all the evening entertainments which were held six nights out of every seven, Dr. Kirkbride was present up to the last years of his life.

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Add to these means of occupation the high standard he had for all nurses or attendants on the insane, and the fact that from 1846 he employed for the patients one or more persons who, released from the care and supervision of the wards, were to be able to devote the whole of their time as companions to the patients, and when required, give hours of a day, or even whole days to a single patient. I find one instance recorded where a physician who had been there as assistant, then in a western hospital as superintendent until removed by political influence, was employed as companion to the men for two years, until, a vacancy occurring on the staff, he was reappointed as physician.

Kirkbride found it difficult to fill these positions with suitable persons. Is it strange that in 1880, after forty years of such labor he writes, "The work of the future will be found to consist much more in perfecting in practice what is already theoretically understood, than in the introduction of great novelties."

Turning from the records of the past to the facts of the present, we find that hospitals of to-day are working out these theories. Many private institutions, both at home and abroad, have, within the last few years, employed persons adapted to direct patients in their amusement and occupation and find them a desirable addition. State hospitals, though not as yet engaging companions for their patients, are seeking to so raise the standard of their nurses by careful selection and thorough training, that they become fitted to meet the social needs of their patients while ministering to their physical wants.

While the condition of the insane may not be markedly different from what it was in some few favored hospitals fifty years ago, yet as compared to the great majority of the insane of that time their lot is a most happy one.

THE NEW VEHICLE OF TYPHOID. — Cases of typhoid infection from the breath of patients, already reported, have been followed up with bacteriological experiments to the same effect, by Doctor Licard, of Beziers, whose plan of experimenting was to have patients suffering from this disease breathe through tubes into water that had been first sterilized. Specimens of water thus treated were frequently found to contain the bacilli. The vast majority of typhoid infections, remarks "Modern Medicine," have their origin in a contaminated water supply, but every observer has been puzzled more or less by cases of this disease which have arisen apart from any known inculpation of the drinking water. — *Sanitary Era.*

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

THE STATE BOARD OF LUNACY AND CHARITY.

The present issue of the GAZETTE contains an article on, and a special report relating to, the Westborough Insane Hospital that should attract the attention of all homœopathists and all the citizens of Massachusetts who are interested in the proper conduct of our charitable institutions. The Westborough Insane Hospital recently has been forced into special prominence by the wholly unexpected and unmerited attack upon its methods and results made by the State Board of Lunacy and Charity in its last Annual Report. The management of the Hospital had received no hint as to the institution's inefficiency (?), and the officers, trustees and friends of the Hospital were naturally surprised and indignant to find themselves thus made the subject of public criticism and condemnation. In connection with this matter the following points are perhaps worthy of consideration.

Each of the charitable state institutions has its own board of management, consisting of resident officers and a board of trustees. These powers may be said to be kinetic and potential. The kinetic government is centred in the superintendent who is held responsible for the actual conduct of the institution and who makes his report to, as the acting agent of, the board of trustees. The trustees in turn make their annual report to "His Excellency the Governor and The Honorable Council," the representatives of the citizens of the Commonwealth.

This is not all however. The charitable work of the State is enormous and the chief executive needs assistance in supervising it. The actual work of supervising these institutions is supposed to be done by the State Board of Lunacy and Charity. The charities of the State should be conducted in a systematic, harmonious and effective manner, and the Board of Lunacy and Charity should be, and presumably was intended to be, a centre of coördination. Among its duties is that of inspecting the hospitals and asylums for the insane. If in the course of such inspection defects in management are discovered it is

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within the power of the Board to suggest a remedy, and it is safe to claim that the trustees of any state institution would be glad of any advice or assistance that the Board could offer. As a matter of justice and fair dealing any inefficiencies or defects discovered by the Board should be brought to the notice of the superintendent and trustees of the institution at fault, with such comments and suggestions as seem appropriate. Should the officials of the institution fail to notice such comments and suggestions then, and then only, should the supposed or actual defect be brought to the attention of the Governor and citizens of the State. Such a course would be eminently just and irreproachable. In the absence of any but favorable comment, in the failure on the part of the Board to offer any suggestions tending to make more efficient the conduct of any charity, the officials and friends of any institution have a right to assume that said institution is doing its work creditably. On the other hand, for the Board to omit the performance of its duty to call attention to supposed or actual defects in methods, management or asserted results of an institution's work; to fail in the exercise of its privilege to offer advice and suggest improvements, and then to harshly criticise and unjustly condemn the conduct of an institution, and publish to the world this condemnation, is to give evidence of a malicious spirit and wilful unfairness intolerable in a justice-living community.

As connected with this subject the following clipping is taken from *The Salem Evening News* of April 29, 1896. Mr. Gauss of Salem, chairman of the public charitable committee, in the debate before the Legislature concerning the Lyman school, said, apropos of the State Board of Lunacy and Charity:

"From my knowledge of this organization I am led to the opinion that this important commission has so gotten into the ruts, or is so governed by the prejudices of one or two of its members, that it is entirely incompetent to give an unbiased opinion on the real functions that it should exercise, the supervision of our state institutions and interests; and because this doubt of the efficiency of the State Board exists in the minds of a large number of citizens, can be found the main reason for the appointment recently by the acting Governor of a commission, to consider the whole subject of charitable and reformatory institutions and methods.

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"As an illustration of the utter unworthiness of the criticism of this Board, the most fulsome praise is accorded one institution for the reformation of girls, and harshest criticism is given of another for boys, though both are governed by the same board of trustees, who exercise in the management of each the same ability, integrity and experience. In the last report of the State Board the hospital for the insane at Westborough is given a raking over the coals, to such an extent that the friends of the institution, the homœopathic doctors, at their annual meeting, feel called upon to refute the statements made as untrue, and publish a strong defence of the institution, and an unbiased writer of wide experience in a recent article in the daily press, giving facts gathered from official records, proves that the percentage of cases cured is greater at Westborough than at the other insane hospitals.

"The Danvers Hospital in my own county got a taste of the whip in this year's report, though no previous intimation is given the management that their institution is not up to concert pitch, and the superintendent is so wrought up over the criticism that he asks for a specification of the charges, and for over two months the Board has not deigned to even reply to his letter. Now I say such a Board, one member of which doesn't know thirty days after its annual report is issued, what is contained therein, over his signature, is not competent to pass upon the legal aspects of this case."

EDITORIAL NOTES AND COMMENTS.

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Apropos of the Present Status of Insanity in Massachusetts,—at present a subject of such vivid interest to homœopathists, in connection with the recent attack on the Westborough Hospital,—Mr. Frank B. Sanborn has these significant and interesting remarks in the April issue of the *American Journal of Insanity:*

"It would be pleasant to think and to say that these facilities for the care and study and recovery of our insane are fully availed of by the authorities; but such is not the case. Most of our hospitals and asylums, both public and private, aim in that direction, and many of them are doing very good work. But the central authority (a board of state charities with full lunacy powers), which, ten years ago led the way in suggesting and introducing improvements, has for some time past been rather a clog than an impetus to wholesome activity. It has failed to develop the system of family care, introduced

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from the example of Scotland and Belgium in 1885; it has involved itself in controversies with two of the hospitals (at Danvers and Westborough), and has shown no comprehensive grasp of the whole situation,—hardly noting the force of its own statistical tabulations, and quite omitting to verify its statements by testimony. In consequence of this stagnation at the centre of things, a movement has sprung up for the substitution of a special Lunacy Commission, to take the place of the existing board in all matters of insanity. Were it not for the awful example of the New York Lunacy Commission, which has stirred up so much strife and accomplished so little real good in that state, the Massachusetts movement, in which Dr. Edward Cowles is actively engaged, would be much more forward than it is. But the injustice done to several of our hospitals, as they declare, by the central board, is strenthening the agitation. The question at issue between the State Board and the Westborough homœopathic hospital is mainly in regard to recoveries. Ever since this hospital was opened, late in 1886, it has reported a larger percentage of cures than the older establishments have lately done, but no larger than most hospitals used to report in the days before Doctor Earle had shown the instability of many of their reported recoveries. It is probable that the Westborough physicians, in the earlier period of their hospital, may have been over-sanguine in respect to permanent recovery; but of late years they have seemed to me as careful and authentic in this matter as their neighbors in the older hospitals. There is, however, one very good test of the comparative permanence of the recoveries made there and at Worcester, Taunton, etc. Every patient relapsing after recovery, and readmitted to the same hospital (as most are) is taken account of and reported each year by every hospital; besides these, there may be, and sometimes are, relapsed patients from Westborough committed to Worcester, Danvers, etc.—and *vice versa*. Now every one of these latter is entered on the registers of the State Board in Boston,—from an examination of which it would be easy to determine, by a brief calculation, whether more recovered patients discharged from Westborough, became insane again within five years, than is the fact in respect to the recovered discharges elsewhere. As the State Board has never furnished these figures it is fair to infer that it cannot prove its charge or insinuation against the homœopathic hospital, which, for various reasons, has never had full justice done to it in the reports of the State Board. There are reasons, well known to me, which incline me to think that proportionately more patients do recover there than at the older hospitals; but it is a point so easily deter-

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mined, as above indicated, that there is no excuse for leaving it to be a bone of contention. The State Society of Homœopathic Medicine has lately taken up the points in controversy, and will soon publish its review of them. . . .

"Thus, while there were admitted at Westborough in the year, 254 cases (251 persons), of whom sixty-three were curable—and while forty-eight of the sixty-three, and sixty-seven in all, recovered during last year (the total of persons under care being 317), at the other four hospitals, with a total of 4,573 persons, and 1,491 admitted cases (of whom 458 seem to have been curable), 128 only of the curable recovered, and but 264 of the whole number. It would thus appear that, while three-fourths of the curable admissions of a single year recovered at Westborough, only between a fourth and a third of similar cases recovered at the other hospitals; also, that, of the whole number at Westborough, about one in twelve recovered in a year, while elsewhere only one in seventeen and one-third recovered. Moreover, of the cases relapsing after recovery, many more are reported at the other hospitals than at Westborough. These figures will not, perhaps, be accepted as correct, but they point to a favorable condition which does seem to exist at Westborough, and not to the same extent in the other houses. At any rate, they may be taken as correct until corrected from the records."

THE RESULT OF THE ANTITOXIN EXAMINATIONS BY THE STATE BOARD OF HEALTH IS REPORTED AS FOLLOWS: "Under authority of the Statutes relating to food and drug inspection, the State Board of Health has examined such samples of antitoxin as are offered for sale in Massachusetts, with the following results:—

"Serum No. 2, Behring. Bottle containing ten cubic centimeters of serum of an advertised strength of 1,000 units. The test showed that the serum was up to the standard.

"Serum of Parke, Davis & Co. Bottle guaranteed to contain ten cubic centimeters of a total strength of 1,000 units. The test showed that the serum was up to the standard.

"Serum No. 2 of Mulford & Co. The label states that the bottle contains ten cubic centimeters of a total strength of 1,000 units. The test confirmed the statement, and showed the serum to be up to the guaranteed strength.

"Serum of the Pasteur Institute of Paris, France (Roux). The circular states that the serum is at least 1 to 50,000 in strength. As this is considered equivalent to Behring's serum No. 1, the test was carried out with this strength in view. It was, however, found to be weaker than this. A second test showed that the ten cubic centimeters of serum contained a total of 500 antitoxic units instead of 600 units.

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"Gibier's Diphtheria Antitoxin, New York. The label states that the bottle contains 25 cubic centimeters of a total strength of 2,500 units. The test showed that the serum was far below this in strength. In a second test it was determined that the bottle contained from 625 to 750 units instead of 2,500, as advertised. The strength of this serum is thus a trifle below one-half of that of Behring's serum No. 1. (10 cc. of Behring's serum No. 1 contain 600 units.)

"THE STATE BOARD OF HEALTH."

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY MAY 7, 1896.

The meeting was called to order at 7.50 P. M., President Winn in the chair.

The reading of the records of the last meeting was omitted.

H. M. Paine, M. D., of West Newton was proposed for membership.

C. W. Morse, M. D., of Salem, was elected to membership.

The society elected the following delegates to the American Institute of Homœopathy:

I. T. Talbot, M. D., C. Wesselhoeft, M. D., to represent the Boston University School of Medicine.

T. M. Strong, M. D., to represent Mass. Homœopathic Hospital.

William J. Winn, M. D., to represent Boston Homœopathic Medical Society.

N. H. Houghton, M. D., to represent Homœopathic Medical Dispensary.

Frederick D. Stackpole, M. D., to represent Roxbury Homœopathic Medical Dispensary.

George S. Adams, M. D., to represent Westborough Insane Hospital.

John P. Sutherland, M. D., to represent the *New England Medical Gazette.*

S. A. Sylvester, M. D., to represent the Newton Hospital.

William C. Cutler, M. D., to represent the Rufus S. Frost Hospital, Chelsea.

B. L. Dwinell, M. D., to represent the Morton Hospital, Taunton.

H. C. Hallowell, M. D., to represent the Quincy Hospital.

James Krauss, M. D., to represent the Malden Hospital.

E. B. Holt, M. D., to represent the Lowell Hospital.

A. H. Carvill, M. D., to represent the Somerville Hospital.

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S. H. Calderwood, M. D., to represent the Consumptives' Home.

N. Emmons Paine, M. D., to represent the Newton Nervine.

Alonzo Boothby, M. D., to represent the Boothby Surgical Hospital.

Julia Morton Plummer, M. D., to represent the New England Moral Reform Society.

It was moved, seconded and voted that the nominations be accepted.

Dr. Briggs. "Since we have recently lost a member of this society by death, Dr. L. A. Phillips, I would move that a committee of three be chosen by the chair to draw up resolutions and present them at the next meeting of the Society."

The President appointed Doctors Boothby, Rice and Suffa to constitute said committee. Doctors Marvin, Cross, and Batchelder were elected as a nominating committee to present nomination for officers for the Sections of Surgery, and Pathology and Therapeutics for the ensuing year.

Scientific Session.

Section of Pathology and Therapeutics. G. E. May, M. D., Chairman; A. D. Hines, M. D., secretary; Lucy C. Hill, M. D., treasurer.

I. "Remarks on the Etiology and Pathology of Typhoid Fever," by F. P. Batchelder, M. D.

Discussion was opened by Dr. J. P. Sutherland, who said: "I am sorry that I did not hear the reading of the entire paper, but as I had the pleasure of reading it over only to-day, I am somewhat familiar with its contents. So far as the discussion of the paper is concerned, I do not know that there is very much to say. The points made are certainly clearly put, and I think the majority of us agree with the essayist. The first point I want to speak of is the etiology of typhoid fever. It is pretty well recognized and generally accepted that the disease is due, first, to a peculiar susceptibility on the part of the individual, and secondly, to a peculiar microörganism. As to the susceptibility, I do not know how that can be recognized before the patient is attacked. During the fall of the year people are apt to come down with typhoid fever, but we cannot tell beforehand why they should be attacked. The disease often occurs in young people who are apparently healthy, who have spent two or three weeks or months out in the country resting, who are not overtaxed and whose tissues seem to be healthy, and well-nourished. They come back to the city and in two or three weeks are down with the fever. Most of the cases which I have seen have occurred in October, and have been in people

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who as a rule have been in pretty good health. The susceptibility is sometimes attributed to the fact that the city houses during the summer have been vacated, thus giving the water a chance to evaporate from all the traps and allowing the sewer gas to get into the house. As to the other cause, the germ, there is comparatively little to be said. It is generally accepted that the peculiar microörganism is at the root of the disease. Possibly so. If we accept this cause I do not see how we are going to explain single cases which occur in isolated communities. I know of a case occurring in an elderly patient who lived on one of the highest farms in Vermont, and who had not been off his farm for over a month. The case came on about the middle of August and he developed the symptoms which are characteristic of typhoid fever,—headache, malaise, general prostration, and after a while felt that he must stay in-doors and finally took to his bed. He had a cough and gastro-enteric symptoms; the cough was the principal symptom for a week and masked the other symptoms. These cases are often treated for bronchitis before the typhoid characteristics are recognized. The night I saw him he had had a slight hemorrhage from the bowels. The lung symptoms were practically cleared up; his mind was a little disordered. The cause in this case was not to be easily recognized. The patient was a strong man nearly seventy years old, beyond the limit when typhoid fever is commonly found. He had not been exposed, so far as we knew, to the active cause of the disease. I do not know what caused it. In spite of these cases it is generally recognized that the microörganism is the cause of the disease.

"The name 'enteric fever,' is worthy of comment. I recollect some few years ago, feeling rather happy that this name had been adopted for the disease, and for a long time I used the term as often as I could. I do not think I like the term as well now as I used to. It is claimed that the chief organic lesion is in Peyer's patches. They may be the seat of the organic lesion, but in a good many cases the enteric symptoms do not predominate, and there may be no diarrhœa. Cerebral symptoms may predominate and some cases may end in meningitis. I saw two cases in children last fall in which the disease came on in the usual way; there was a little tenderness in the bowels, and fever. After a time cerebral symptoms developed and later on signs of meningitis. These cases were called typhoid fever, and yet the enteric symptoms were not at all prominent. Other cases which I have seen die have not presented very marked evidence of enteric trouble. There may have been an unusual activity of the intestines and of Peyer's patches, but the symptoms which called attention to the case were those of the nervous system, profound prostration, cerebral trouble, etc.

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Sometimes it may in the same way attack the heart. I think the disease is a constitutional one and attacks the entire system, and so far as fatal cases are concerned there are many in which death is due to some toxic influence on the heart itself, or to some peculiar effect on the brain, nerve centres or meninges. This term seems to me, therefore, really no better than the old one 'typhoid fever.'

"There is one point which has occurred to me in connection with the fact that the disease occurs chiefly among young people and that is in relation to its effect on Peyer's patches. These are simply a specialized part of the lymphatic system, and differ in no way except in size from the solitary glands found elsewhere. They do not differ from the lymphoid tissue found in the œsophagus, pharynx, and around the tongue. This tissue is peculiarly abundant in the growing organism, but after the twentieth or twenty-fifth year of life, the patches begin to dwindle in size, and by thirty-five or forty are not found to any great extent. If the presence of these in any way permits the existence of typhoid fever it may combat the theory that they are for protection against disease. It is supposed to be the function of the tonsil to liberate phagocytes which intercept deleterious substances. If the Peyer's patches are the same as these, it might be supposed that their purpose is the same, to protect the organism from the influence of food material in which decomposition is going on.

"Diagnosis.—I wish some one could give us a pathognomonic symptom. We were formerly taught that true enteric fever has a peculiar temperature curve, rising in the evening a degree higher than the previous evening; that it took the temperature a week to work up to a maximum; that it remained at this point, say 104° for a week and then declined. But this as a diagnostic symptom cannot be relied on. As for the eruption we do not know how it is brought about, but the roseolæ are not pathognomonic, they simply serve to corroborate the diagnosis. The spleen may be much enlarged but yet not enough to be detected, as it is a difficult thing to tell whether it is enlarged or not, as we cannot really feel it unless it is swollen to an enormous size. I do not know what symptoms to pin a diagnosis on. As a matter of fact I take all the symptoms together, and do not base a diagnosis on any one symptom."

Doctor Coffin.—"I want to ask Dr. Batchelder, if the germ is regarded as the cause of the disease, whether it must come from one typhoid case to another through some medium, or whether the germ can redevelop outside the body of the patient in some other medium?"

Doctor Batchelder.—"I do not know that I can answer that question satisfactorily. So far as my present knowledge goes,

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everything seems to be looking toward a direct rather than a spontaneous genesis of this microörganism; for example, in connection with ordinary putrefactive processes. As was said, it is pretty difficult to trace a given case backward in many instances, and epidemics have arisen oftentimes in the most healthy localities from individuals going there and being taken ill with the disease. In one of the Eastern states during the latter part of November there was a case of typhoid fever on a farm situated on a hill high above the village. The dejecta were thrown out upon the snow as there were no facilities for taking care of them. Next March, when the thaws come, the way typhoid fever broke out in about ten days was much like the way bees come out of a hive when they are going to swarm. Twenty or thirty per cent of the inhabitants were taken ill because the position of this house was such that the dejecta were carried down into a small lake, whence the village water supply was taken."

Doctor Coffin.—"Some few years ago we had an epidemic in Medford, which won't quite fall in with this line of reasoning. In the latter part of one summer there were some ninety-two cases in the town, all of which were within the old town limit. At that time there was a great deal of excitement. The epidemic was laid first to the water supply, because the water tasted and smelt badly, and on being boiled it was still worse. That did not seem to account for it clinically, because the whole town was supplied by the same water, and yet no cases were found in the west part of the town. The milk supply was all right and on examination the water was found to contain nothing injurious, the bad taste and odor being due to a vegetable growth. The Board of Health investigated every case and found in a very large majority, eighty or eighty-five per cent, that an old well had been opened on the premises, and the people in the house had been using the water, because it tasted and smelt better than that supplied by the town. In the old part of the town they had no system of sewerage except cesspools. It did not seem possible that every well could be contaminated with typhoid excreta, because the disease did not appear until after the water had been drunk for some time. I simply speak of this matter because it seems to throw a little doubt on the idea that the germ must be grafted directly on new soil by a typhoid patient. The disease seemed to be caused by drinking water which was contaminated by sewage, not necessarily typhoid sewage. The regulations of the Board of Health were very strict concerning typhoid excreta."

Doctor Holden.—"It seems to me that any physician who has had much experience must find it difficult to explain some cases of typhoid fever except on the theory that they occur

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de novo. I have generally been able to trace them to an earth closet located near, or to a sink drain where the sink water was discharged on the surface of the ground. I recall a case which occurred some twenty-five years ago, where a family came, during the month of June, to a house very near a pond; the closet was not more than ten feet away. This water was used for domestic purposes. During the month of August the father of the family had pneumonia, and during the following months the other members had typhoid fever. I have seen a case arising during the spring of the year where it seemed to me that the case could be traced to a cesspool, which was ventilated only through the kitchen sink. The gas from the cesspool was constantly escaping through the drain, and in this instance the servant, who was the only one attacked, was constantly over the sink. It is very difficult to account for these cases, except on the theory that they must arise *de novo.* In regard to pathognomonic signs, it seems to me that the rose spots, occurring seven to nine days after the beginning of the fever are characteristic, if taken with the enlargement of the spleen and the other symptoms. I believe these are the evidences of ulceration of Peyer's patches. I saw one case with a remarkable eruption during a relapse. Some of the lesions were papular, and some pustular; one of the latter discharged half a teaspoonful of pus. When we look on this disease as a septic fever and treat it in this way we shall be much more successful; it certainly presents points of similarity to the other septic fevers. The temperature curve may be a reliable sign, but I have never found it so. I have seen many cases in which the temperature was highest at the first onset of the fever, and it would gradually go down under treatment as a septic fever. One point as to the period of incubation. I saw one case in which I am positive this period was four weeks, and there were many cases that seemed impossible to explain under a less time than sixty days. I saw one case in a child of ten months and another in a woman of ninety-three years of age; both were mild cases."

Doctor Sutherland.—"The excreta from typhoid fever patients are undoubtedly infectious and the bacteria are found in them. Why would it not be a good idea to suggest to the Board of Health that culture tubes be scattered about the city, and that they be inoculated with the excreta and examined, as examinations are now made in suspected diphtheria cases? This would settle the question as to whether the bacteria are present or not. I imagine the Board would do so now, as I know they urge physicians to send tubes from suspected diphtheria cases."

Doctor Briggs.—"Doctor Sutherland has spoken about the

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question of diagnosing these cases. While I was in Vienna I saw a good deal of work done along this line which was in the interests of science, but hard on the patients. In cases where the fever was suspected an aspirator needle was carried into the spleen and a drop of blood removed. In some cases the bacillus was found; in other cases, not."

Doctor May.—"Along the line of what Doctor Sutherland has said as to the name of the disease, I recently saw an article by Osler, who also dislikes the name 'enteric fever' and prefers to call the disease a toxæmia. He also makes the statement that the bacilli are often found in the blood when they are not to be found in the intestinal canal."

II. "Treatment of Typhoid Fever," by Lucy C. Hill, M. D.

Discussion.—Doctor May.—"The question of diet is a very important one. There are those who, during the last two or three years have adopted the plan of giving no food at all during the last two or three weeks of the disease. I have recently seen a report of a case of typhoid fever which was treated with no food at all, simply water in the alimentary canal, and with excellent results. I believe the tendency is to overfeed these typhoid cases. During the past year Doctor Shattuck of Boston has read a paper, one of the most striking features of which was that he always allows his typhoid fever patients all the food they can take. He allows them soft-boiled eggs, toast, tender steak, mutton, and cereal food. This has been his practice for fifteen or twenty-five years. He qualified that by saying that he always watches the stools. He is able to carry out his plan as a rule. But I think the majority of physicians agree with the views expressed by Doctor Hill.

"Hydro-therapeutic measures.—I believe that this is one of the most important elements in the treatment of typhoid fever to-day, and where it is most rigidly carried out we have the best results. Statistics certainly seem to indicate this. Where we are able to get at statistics of several hundred cases there is a decided gain in favor of the bath treatment. Some German statistics under the expectant treatment show 5,900 cases with a mortality of twenty-one per cent; 2,900 cases, expectant and bath, mortality twelve per cent. Another series of cases, treated with baths and a few antipyretics, 702 cases, with a mortality of eight per cent; 428 cases treated by the Brandt method, mortality three per cent. Kelley of Philadelphia reports before the adoption of the bath treatment, mortality seventeen per cent; after the adoption of said treatment, four and one-half per cent. Elliott and Osler report mortalities of twenty-four per cent and seven per cent respectively, before and after the treatment. It is the custom in the Newton Hospital to give all typhoid patients, unless otherwise directed, the benefit

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of the bath treatment. The tub bath has not been resorted to because we have not the facilities at present. The patient is placed on a blanket, a sheet is spread over him and tucked in, and then large sponges are used to sop on the water from head to foot, the water being as rapidly sopped away from the patient. The bath is commenced at a temperature above 100°, and is gradually brought down to about 80°. A temperature of 103° or over will come down two and one-half degrees in fifteen or twenty minutes. The temperature does not always come down in that length of time but the patient is bathed as long as that. The temperature may not fall for as much as an hour but it is considered a favorable sign if it comes down gradually. The objection to the bath is largely on the part of the patient because of the discomfort which is sometimes caused. To obviate this objection several methods have been used. One which has been tried was suggested by Doctor Williams of Boston, and was the subject of an article read by him before a medical society meeting. He suggests covering the patient with a single layer of thin gauze like that used in surgical dressings, and then the patient is sprinkled with water at a temperature of 115°, using from one to two pints at a bath. Then the patient is fanned for ten or fifteen minutes. The discomfort of the bath is almost entirely done away with and the reduction of temperature is quite as prompt as with the cold bath. This is repeated as often as the temperature indicates, say every three hours, or when the temperature goes above 103°. I do not know of anything which is a better indication of the condition of the patient than the temperature, and if we simply reduce the temperature we are changing the condition of the patient. Patients who are bathed and whose temperature is kept below 103 are much less apt to have delirium, coma vigil and restlessness; they are more apt to have comfortable sleep and their general condition is better."

Doctor Powers.—"We have omitted one point in the discussion and that is that the reduction of temperature is not the only factor. After the bath the patient usually goes to sleep and rests, and the pulse is stronger and slower. The treatment according to Doctor Williams' suggestion lacks the element of friction. The patient who is not accustomed to the cold bath will not seldom collapse, unless friction is also employed. If the patient is accustomed to cold bathing and the skin is vigorously rubbed, you also have a tonic action on the heart, and there is also the beneficial action of cold from absorption of heat. There are cases which are bathed from beginning to end, bringing the temperature down only one or two degrees, and yet the patients survive, showing little or no delirium, have good assimilative powers, sleep well, and bear the fever well. In addition to the use of proper drugs, we do

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not give our patients the best chance for recovery without cold bathing and friction."

Doctor Holden.—"I can advocate the irrigation of the bowels with sterilized water, from the inception of the disease to its end. If we think of typhoid fever as a toxæmia, our aim should be to get rid of the toxic products if possible. In the whole of this epidemic I used, in nearly every case, two or three quarts of water to irrigate the bowels twice daily, thus washing out much of the poison which was keeping up the disease. This is the only rational treatment of typhoid fever, to remove the cause if possible. I lost only one case out of thirty-five treated and this did not have this treatment. A case of typhoid fever never ought to die from hyperpyrexia. The only fatal cause should be perforation or hemorrhage. Medicine won't save these cases. Many cases have been reported where surgery has saved cases where perforation has occurred. I have found in advanced cases that the use of water serves a double purpose, stimulating the heart as well as clearing out the bowel. Cases of heart failure have been saved by the use of a pint of hot saline solution injected into the rectum every half hour."

III. "Animal Extracts: Their Therapeutic Value"; by N. L. Damon, M. D.

Discussion.—Doctor May.—"I recall one point in the paper which was of especial interest to me; the use of thyroid extract in the treatment of exophthalmic goitre. It was hoped to benefit the disease by its use, but I believe that the tendency of opinion now is that it has no influence on the trouble, but that the extract from the thymus gland may be of use."

Doctor Powers.—"We must recognize in this form of treatment the difference in the various tissues and organs used. The thyroid, thymus, supra-renal capsules and pituitary body are all secreting organs, and their secretion is taken up by the body. The brain and spinal cord do not secrete as do these organs, and it does not seem to me that we should expect much benefit from extracts of these organs."

This closed the scientific session.

President Winn then reported the following nominations for officers of the sections of Surgery, and Pathology and Therapeutics for the ensuing year:

Section of Surgery. Chairman, Doctor Boothby; secretary, Dr. W. B. French; treasurer, Doctor Mosher.

Section of Pathology and Therapeutics. Chairman, Doctor Carpenter; secretary, Doctor Urich; treasurer, Doctor Hutchinson-Gay.

These nominations were accepted and adopted, and the Secretary cast one ballot for the entire list, and they were declared elected.

Meeting adjourned at 10.07 P. M.

J. Emmons Briggs, *Secretary.*

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CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The forty-sixth annual meeting of this Society was held at Hartford, Tuesday, May 19, 1896. The following officers were elected for the ensuing year: President, Dr. A. W. Phillips, Birmingham; vice-president, Dr. M. J. Adams, West Haven; secretary and treasurer, Dr. Walter Sands Mills, Stamford; librarian, Dr. Grove H. Wilson, Meriden; censor to serve for five years, Dr. Adelaide Lambert, New Haven.

The retiring president, Dr. Edwin C. M. Hall, New Haven, delivered the Annual Address.

The following papers were read: "A Case from Practice," Dr. E. J. Walker; "Drug Action," Dr. Martin Deschere of New York; "Some Reasons for a Belief in Homœopathy," Dr. Walter Sands Mills, Stamford; "Hernia," Dr. H. P. Cole, Bridgeport; "Appendicitis," Dr. E. B. Hooker, Hartford.

The Society entertained as guests, Dr. Martin Deschere and Dr. George W. Roberts of New York.

WALTER SANDS MILLS,
Secretary.

GLEANINGS AND TRANSLATIONS.

—:o:—

THE HOMŒOPATHIC PHYSICIAN gives an account of a student who passed all the examinations in the German Universities at Kiel and Leipzig with great credit, but was denied a diploma when his homœopathic tendencies became known. He was compelled to recant an article inadvertently published on cholera during the epidemic in Hamburg. Even then his graduation fees and thesis were returned to him. He was not granted a certificate. A physician who had sometimes used homœopathy in his practice wished to graduate from the University at Kiel but was refused for fear of a "relapse," after his having been forced to renounce Homœopathy. The author closes by saying: "After long consideration I left Kiel, and followed friendly advice to hand my dissertation in to the medical faculty of the University of old renown, Jena. Though I was a perfect stranger there, it was accepted by the faculty. I stood the examination for graduation well, and received my diploma as soon as my dissertion had appeared in print." "I pass over sundry things and only want to add that later on I went through the Royal Board of Examination in Berlin successfully, for the right of self-dispensation of homœopathic medicines. Now consider: I was persecuted by a Prussian faculty for inclination to a healing method which is recognized as such by the Prussian State through a Royal Board of Examination." — *St. Louis Journal of Homœopathy.*

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THE PROMISCUOUS USE OF POCKET-HANDKERCHIEFS. — At a recent meeting of the Dublin Sanitary Association, the president, Dr. J. W. Moore, remarked upon the spread of coryza by the common use of pocket-handkerchiefs. One of the commonest maladies is "cold in the head," or, as it is technically called, "coryza." It is notoriously infectious, and the means of communication is the discharge from the nostrils. He was satisfied from repeated observations that this troublesome affection often spreads through a family of children and then through an entire household through the promiscuous use of pocket-handkerchiefs. A little child comes to the nurse with the request "Blow my nose." This is carelessly or thoughtlessly done with the parent's or attendant's pocket-handkerchief, which thus becomes infected and spreads the attack. In other cases the soiled pocket-handkerchief is allowed to dry without disinfection, and the dried discharge from the diseased mucous membrane of the nose is then diffused through the air, spreading the malady just as measles is spread.

These remarks might be applied to phthisis as well as to coryza. — *Clinical Sketches, London.*

PERSONAL AND NEWS ITEMS.

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A SENIOR in Boston University School of Medicine would like to associate himself as assistant or otherwise with some practising physician in Boston or the suburbs, after his graduation in the coming June. Address F. G. D., 123 West Newton St., Boston.

DR. JENNIE S. DUNN-CARY, class of '87 B. U. S. of M., has removed from East Boston to Wollaston, Mass.

DR. MARY S. HORNBY, class of '91, B. U. S. of M., has removed her office to No. 1 Monadnock St., Dorchester.

DR. O. B. SANDERS will remove his office and residence from 370 Columbus Avenue to 358 Commonwealth Avenue, on or about June 20th.

DR. ALVIN BOYCE has removed from Richmond, Vermont, to West Medway, Massachusetts.

"A POCKET-BOOK OF URINARY ANALYSIS" is the name of a forthcoming work by Dr. Clifford Mitchell of Chicago. It will be issued by the Era Publishing Co.

FOR SALE.—A good practice in a progressive New England town, thirty miles from Boston; population upwards of 7,000. Negotiable to the right person. The only homœopathic physician in town. For particulars address "E. R," care Otis Clapp & Son, 10 Park Square, Boston, Mass.

DRS. EUGENE H. PORTER AND ST. CLAIR SMITH of New York City have been appointed members of the staff of medical examiners of the Manhattan Life Insurance Company. This acknowledgment of the professional ability of the appointees is gratifying to their many friends and colleagues.

AN ESTEEMED correspondent furnishes the following interesting biographical sketch of Frederick Howard Wines, whose article in the *Boston Herald* on Westborough Insane Hospital, is reprinted in this issue of the GAZETTE. Frederick Howard Wines, the eldest son of Rev. E. C. Wines, was born at

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Philadelphia, April 9, 1838. He graduated from Washington College in 1857, and Princeton Theological Seminary in 1865. During the Civil War he was hospital chaplain, United States Army (regulars). Afterwards he removed to Illinois, and was appointed, in 1869, secretary of the newly established Board of Public Charities of Illinois, an office which he held continuously for nearly 25 years, when he was requested to resign by Governor Altgeld, solely for political reasons, the Democratic party having come into power at the presidential election of the year before. During this long term of service he became active in the National Conference of Charities, of which he was president in 1883, and has attended nearly all its sessions since 1878. After the death of his father, who had founded the National Prison Association, he also became active in that body, and was for some years its secretary. He has attended nearly or quite all its annual sessions since 1882, and has inspected more prisons, probably, than any American, not excepting his father, Dr. E. C. Wines. In 1880 he was placed in charge of a department of the national census by General Walker, then for the second time superintendent of the census. In that capacity Doctor Wines took the most complete census of the insane ever made in the United States, and in other respects improved the very faulty census methods. His special acquaintance with insanity began in 1869, when as an Illinois official he began to inspect asylums for the insane, and to study the conditions favoring their best treatment. This study soon led him to a conviction that the old forms of asylum building were not the best, and he secured the construction at Kankakee of a new Illinois hospital with detached buildings arranged on the village plan, the first example of that construction in this country, although the fine insane hospital at Alt-Scherbitz, in Saxony, had been opened some years earlier, and has been much enlarged since, upon a more extensive and in some respects better village-plan. He has inspected hundreds of asylums for the insane, large and small, in many countries and states, here and in Europe, and is familiar with their best management, medical or economical. He is free from that assumption of exclusive knowledge which medical men are too prone to exhibit in dealing with questions of insanity, and has never accepted the medica theory, now passing into oblivion, that the courts should have nothing to do with the commitment of the insane to asylums, except to confirm the dictum of two medical men. On the other hand he has protested against the absurdity of a jury trial in all cases of alleged lunacy, and had a great hand in shaping the present improved commitment law of Illinois, as well as many other laws of that state, and methods of wise administration. Altogether, making allowance for the inherited and acquired presuppositions which affect the minds of men, and particularly of professional men, he is one of the persons best qualified to express an opinion on the merits of an establishment or a system.

TRANSPORTATION BULLETIN NO. 3.

Directions for procuring certificates.—Each person desiring the excursion rate must purchase a first-class ticket to Detroit, paying the regular fare, and obtain from the ticket agent a certificate that such ticket has been sold them. If the ticket agent at the place of starting be not furnished with blanks purchase to the nearest point where such certificate can be obtained and then to Detroit.

These certificates when visaed by the chairman of this committee to whom they should be given at once on arriving in Detroit and a special railroad agent will entitle the holder to a return ticket at one-third the regular rate.

Certificates going may be obtained from Saturday June 13 to Friday June 19 inclusive.

The return trip may be made any day to June 29 inclusive. Those wishing to avail themselves of the three days' extension of time to July 2 inclusive must deposit their certificates with the special agent in Detroit. He will hold them until the day the return trip is to be made. These directions apply to members, their families and friends. No refund of fare can be expected because of failures of the parties to obtain certificates.

No stopovers allowed on return tickets. W. A. DEWEY, *Chairman.*

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OBITUARY.

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DR. HENRY HUBBARD DARLING.

HENRY HUBBARD DARLING, M. D., died of pneumonia at his home in Keene, N. H., on Sunday May 10, 1896, aged seventy-two years. He was born at Cambridge, Vt., on Mar. 22, 1824. Living on a farm till he was nineteen years old he undertook to study and practise medicine, but soon relinquished this for the insurance business and with others organized the Mechanics Mutual Benefit Association, of which he was secretary and treasurer. In 1852 he again turned his attention to the study of medicine in New York, and in 1854 located at Charlton, Mass. After a short time he moved to East Douglas, Mass., in both of which places he was quite successful. In 1863 he removed to Keene, N. H., taking the practice of Dr. William B. Chamberlain, and continued there till his death. He had a large practice and was extensively known. With a large and somewhat striking figure, he was also endowed with great powers of endurance and often made rides of fifteen or twenty miles in the mountainous country around Keene. He graduated from the New York Homœopathic Medical College, was at one time president of the New Hampshire Homœopathic Society, and for a while was a member of the Massachusetts Homœopathic Society and the American Institute of Homœopathy. His wife, to whom he had been married forty-seven years, died one week before him. Three daughters survive him.

DR. LESLIE A. PHILLIPS.

The death of Dr. L. A. Phillips, occurring Apr. 3, 1896, was a sudden and unexpected event. Up to the hour of his fatal illness, he had no premonition of disease. He had been driven from the club rooms on Newbury Street, where he had actively participated in the festivities of a social evening at his favorite club, the "Bostoniana," of which he was one of the founders and the treasurer, to his residence in Brookline, on Commonwealth Avenue and Kinross road, a distance of three miles, on a cold, raw evening. Arriving home, he complained of acute, severe pains in the chest. Medical aid was promptly summoned, but he expired before the doctors arrived, every effort at resuscitation proving of no avail. An attack of rheumatic fever ten years previous was thought to be a predisposing cause of the sudden heart failure.

Leslie Almond Phillips was born in Fitzwilliam, N. H., in 1847. Enjoying only the limited educational advantages afforded by the public schools of his native town, at an early age he exhibited that earnestness of purpose and energy in the pursuit of knowledge which characterized his later life, being then as always an eager and ambitious student, and laying broad and deep the foundations of a successful career.

At the age of twenty-one he moved to Quincy, Ill., and for three years engaged in teaching. He then went to Colorado and was successively editor, publisher and railroad contractor. Returning to Quincy, he remained for two years in the office of Dr. John Moore, through whose influence he finally decided to study medicine.

He graduated with high rank from the Boston University School of Medicine in the class of 1877, completing the course in two years. He was prosector of anatomy for the class, and during vacation assisted Doctor Woodbury, then professor of women's diseases in the college, and had medical charge of the Home for Little Wanderers.

He settled first in Waltham for a few months, and later moved into Boston to assist Doctor Woodbury whose failing health compelled him to retire from practice. In January, 1879, Doctor Phillips purchased the business and good will of Doctor Woodbury together with the well-known estate, corner Berkeley and Boylston Streets, and there enjoyed a large and lucrative practice until the day of his death.

He was a prominent member of many medical organizations, local, state and national. He was especially identified with the Massachusetts Surgical and

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Gynæcological Society, of which he was an ex-president, and for many years the energetic and efficient secretary. He was a frequent and valued contributor to current medical literature, being master of a vigorous and incisive English style, the fitting vehicle of his strong convictions.

In his specialty, diseases of women, he was most successful, his patients coming from all parts of the country; his professional correspondence in the last week of his life containing letters from points so remote as Los Angelos, Cal., and Paris.

He was elected to honorary membership in the Vermont Homœopathic Medical Society, the Rhode Island Homœopathic Medical Society, the New York State Homœopathic Society, the Missouri Institute of Homœopathy.

He possessed in a high degree those characteristics which made him a skilful surgeon, a trusted and beloved physician and a loyal friend. He was singularly free from that blind reverence for traditions which has always been the obstacle to medical or surgical progress. He held his mind open to the truth, whatever its source. Error had no attraction for him, though entrenched in long-established usage and held high in popular esteem. When once he was thoroughly convinced, after careful investigation and study, that a remedy or a surgical operation would benefit his patients or relieve suffering humanity, he was ready to defend the treatment against any and all comers. In medical discussion his shafts of sarcasm were keen but not envenomed. They left no rankling wound. He opposed measures not men. In the heat of debate he never descended to the use of unkind or discourteous language.

His reputation was national. A well-known surgeon of the West in a letter of condolence justly says; "Doctor Phillips was in the front rank of our strongest men, and he will be greatly missed by the profession throughout the country." His rare power of sympathy, sunny disposition, kindly wit, invincible courage, sanguine hopefulness and staunch loyalty endeared him to his friends and patients in a remarkable degree, and won for him the deserved name of a well-beloved physician.

At a largely attended funeral service, at the Church of the Unity, an eloquent eulogy was pronounced by the pastor, Rev. Minot J. Savage, who spoke of the loss sustained by the community in the death of such a man, and alluded feelingly to his own personal loss in the death of Dr. Phillips who had for many years been his trusted and beloved family physician, always ready to respond to any call, and unselfishly and entirely devoted to his profession.

Prior to the funeral exercises a memorial service was held by physicians representing the profession in New England, at which brief addresses were made by Drs. J. H. Sherman, N. R. Morse, O. S. Sanders, N. H. Houghton, A. Boothby, E. P. Colby and F. W. Elliott. The following resolutions were adopted in honor and memory of the deceased. F. W. E.

LESLIE A. PHILLIPS, M. D.

Inasmuch as in accordance with the Divine Plan, our friend and colleague, Dr. Leslie A. Phillips, has been suddenly taken from our midst, we desire to place on record our high appreciation of his character and work, and to express our great sorrow that so early he was called to answer the summons which comes to all.

As a token of kindest remembrance, we wish to offer the following resolutions:

Whereas, Our colleague, Leslie A. Phillips, M. D., after long and honorable service has entered into rest,

Whereas, We feel most sincere and profound sorrow at what to our poor and human vision seems an untimely event,

Resolved, That in the death of Dr. Leslie A. Phillips the medical profession of Massachusetts has lost one of its most prominent members, an indefatigable co-worker, an earnest and able counsellor,

Resolved, That we extend to the family of the deceased our heartfelt sympathy in their bereavement, yet bidding them mourn, not as those without comfort, but with grief softened by the remembrance of a life graced with many virtues and devoted to the service of mankind.

DR. A. BOOTHBY,
DR. F. C. RICHARDSON,
DR. F. W. ELLIOTT,
Committee on Resolutions.

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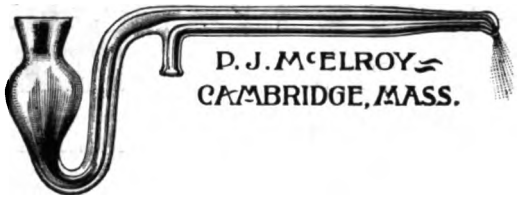
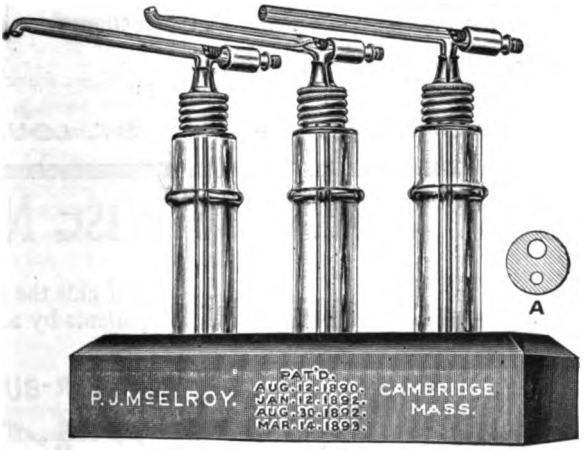
The Dr. Williams Atomizer.



This cut is a fair illustration of an atomizer designed by DR. FRANCIS H. WILLIAMS of Boston, and is called "The Dr. Williams Atomizer." It has many advantages which will be readily observed upon examination. Doctors who are familiar with its utility cheerfully recommend it.

Net price, with Rubber Bulb, $1.25.

McElroy's Compressed Air Tubes.



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THE

NEW-ENGLAND MEDICAL GAZETTE.

No. 6. JUNE, 1896. VOL. XXXI.

COMMUNICATIONS.

—:o:—

PRESIDENTIAL ADDRESS BEFORE THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

BY EDWARD P. COLBY, M. D.

Ladies and Gentlemen:—It has become a time-honored custom that at each annual meeting your president shall address you in a formal way. Many of my predecessors have presented you with scholarly scientific theses, but I feel that I shall better satisfy both you and myself, if I simply call your attention in a rather brief notice to the affairs of the society, and the several institutions in which it is interested. The society is growing in membership gradually but satisfactorily and now bears on its rolls over 300 active members. Most of the additions to its membership during the past few years have been from those recently graduated. They enter our association with the strength and enthusiasm belonging to their years; it is from this class that in the near future we must expect the most extended and valuable work. Now, during the period in which they are accumulating experiences, they have the time and vigor for making provings, and for the review of the older provings, a labor which we very much need; time for statistical research and comparison. Heretofore these members have been but little in evidence; let us endeavor to impress it upon them, that "it is more blessed to give than to receive." As the years of our society increase, a careful examination will demonstrate that the character of the papers presented has gradually improved, in every direction but one, that of provings of drugs. Here we seem to share with other societies in the prevailing stagnation. We not only seem to be, but are relying on the work of those who were pioneers, and to have lost all desire to add anything new. We are satisfied with reflecting the light of lamps growing dim with age. If any criticism can be made

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on the general character of the papers offered, it is, that sometimes they are hastily prepared; could the writers have received a longer notice of what was expected, they might with advantage have bestowed more time and thought to the subjects. The fault, as I have intimated, does not lie wholly with the authors, but to a great extent with our methods. I would suggest that a special committee be appointed, to consider means to encourage the presentation of papers showing careful investigation and original thought. Possibly this might mean the appointment of a scientific committee to hold over an additional year. I hope I shall not be considered lacking in courtesy if attention is called to the fact, that papers written by our women members have not been in numbers proportionate to their membership. Those of us who were members at the time when the first five women were admitted to the privileges of the society will remember that a strong argument in favor of such action was that women would be adapted to render efficient aid in the study of diseases of their sex and of children. At the risk of being deemed rude, I will ask the women belonging to this society, if they really think they have fulfilled this promise? At this age of progression, women are expected not only to equal but to excel men in any sphere they may choose to occupy. Right here in this medical society is an opportunity for them to make any advance they may aspire to, and thus do much to forward the good of their sex. Modesty is far removed from diffidence or inaction.

Our society has been requested by the Worcester society to hold its next semi-annual meeting at Worcester. Although previous meetings, annual and semi-annual, have been held at Boston, as being placed at the centre of population, yet it would be a just and graceful recognition of the labors and loyalty of the members living in the central, and western part of the state, that the meeting in October, 1896, be held at Worcester. Should this be done, the local society will unite with us in making it an interesting one.

It will be seen that the possibility of such action was anticipated by the founders of the society, as in Article 27 we find the following words: The meetings of the society shall be held "in such one of the cities or towns of the Commonwealth as the Executive Committee may determine." The Executive Committee have thought best that the decision be left to the society. During my term of official service I have frequently heard the opinion expressed that the society should resume the publication of its "Transactions." The subject is one which has before been discussed in our meetings. The issuing of an annual volume in which all the business and accepted papers are printed is very often a great convenience, and it also has the force of an

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official document. The only real objection heretofore made prominent has been that of expense. I trust you may consider it best to decide the question at this meeting, or place it in the hands of a committee to report at our semi-annual meeting.

The Massachusetts Homoeopathic Hospital.

If there is any one institution more than another, in which our society has taken a deep interest, and whose success it has solicitously watched, it is the Massachusetts Homœopathic Hospital. We have felt a certain pride in its equipment, administration, and results, and our best efforts have been employed in sustaining and extending it. In one or two ways we can be of use to its continued success. Like all other hospitals, it is a charitable institution with free beds, paying beds, and private rooms. By a study of the report of the officers for the past year, it will be seen that the daily average of the paying patients was 56.16, and of free patients 28.9, showing a fraction of over half as many free as paying patients. This alone, however, does not give the full measure of its charitable work, as the weekly cost for each case, including expenses, is $12.32, while 54.7 per cent of the paying cases only contribute about $7 per week. This institution, with a ratio of deaths for the past year of only 2.42 per cent, merits not only our interest, but such assistance as we are able to contribute, both individually and as an association. One way we can adopt is to send there not only our charity cases, but also those who can afford to pay a remunerative fee.

The Dispensary.

This with its branches, is each year increasing in value as a means of affording relief to the poor, and as an educational adjunct for the college. The students here have an opportunity to come in direct contact with the sick, and to study disease in the consulting room, and at the bedside, under the guidance of men and women of skill and experience. They here learn the beginning of a physician's responsibility, and have considerable drill in the methods of diagnosis and therapeutics. Not the least of the advantages is, that in these cases they have to ask questions, and use the special senses at the bedside, with a definite object in view.

The Medical School.

A large and constantly increasing proportion of our members look to Boston University School of Medicine as their

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alma mater. We are in all ways bound to this school by the strongest ties; in fact, we are to a great extent responsible for its existence, and its faculty are all members of this society (with the exception of one non-medical representative). As a body we have watched the development of its improved methods with hope, but we have somewhat fallen short in extending to its faculty the generous aid which they deserve. Their services are not only continuous and exacting, but mostly gratuitous, given at an expense of time and labor which often seriously interferes with their professional engagements. In their solicitude to place the school in the advance rank, with modern educational methods, they have initiated changes which involve increased expense. To meet this demand in a measure, the New England Hahnemann Association has been formed, for the purpose of making an appeal to the profession, and to the public, for financial aid. One of the means adopted by this association to raise funds is a fair now being held at the college buildings; it has a few days longer to run. Individually we can all do something to make the enterprise a success. Remember that the success of this school means the well-being of our society in the future, for the improvement of medical education is the leaven which will leaven the whole lump. Already those of us who occasionally contribute a paper review it with an eye to its reception by those who have received an advanced education; thus indirectly the college contributes to the continued education of the whole society. The two institutions should assist each other, to the end of the common good. With all this in view, let us criticise gently, help generously, and fraternize cordially. On the part of the graduates, it is the duty of everyone who will abide by our code of ethics, to join him- or herself to our number as soon as possible, with the determination to work diligently for the advancement of the cause.

The American Institute of Homoeopathy.

For the first time in many years the Institute, at its last session, met in New England. As the meeting was in a sister state and quite easy of access, it was thought best to issue a circular in the name of our society, calling the attention of physicians in Massachusetts to the time and place of meeting, urging them to be present, and to use their influence in increasing the membership. What effect this letter may have had it is impossible to say. From the report of the secretary, we find that there were present from Massachusetts eighty-eight members, and of the new members admitted fifty-seven were from this state. It is hoped that at the next meeting

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at Detroit, our society may be fully represented. Much good and no little pleasure results from being brought into occasional contact with our colleagues from various parts of the country. It seems to break the edges of the deep ruts in which our wheels have so long run.

Westborough Insane Hospital.

Our society bore an important part in the establishment of this institution, and since its foundation has taken a profound interest in its continuance, as well as great pride in its remarkable record. When the State Board of Lunacy and Charity made its annual report to the Governor and Council, there was found the astounding statement, that the hospital had failed to come up to the *average* standard of the other state institutions for the insane. And in particular that noise and confusion had been repeatedly noticed in some of the wards; that they were untidy; that the nurses were inefficient; that the "rest cure" was injudiciously used; that the nurses were frequently changed, so there was no time to drill them into sufficient discipline; that the trustees claimed recovery of patients where other hospitals might discharge them as much improved or improved; that the percentage of recoveries was based on the number of curable cases, while in other hospitals it was made from the total number admitted; that the system of classification was unsatisfactory; that the congregate dining-room was noisy and unsatisfactory; and that the method of diagnosis did not correspond to that of other hospitals.

Here are ten distinct charges, either half of which, if they had genuine foundation, would stamp the hospital and its officers as eminently unfit to perform the functions for which they were created. With the general feeling that the Massachusetts Homœopathic Medical Society was most deeply interested in the affairs of this hospital; that if the charges were well founded our influence should be radically and quickly used toward bringing about a complete change, a meeting of the executive committee was called on February 22, and to facilitate a ready and fair understanding of the matter, they were requested to meet at the institution under discussion. With a determination to honestly and thoroughly arrive at our conclusions, we requested that we be shown the hospital throughout. All but two of the members were present, and of those present, all are, or have been, connected with some hospital, and all but two have had extensive opportunities to become familiar with the condition of hospitals, both in this country and in Europe. This would be fair evidence that they were competent judges of average neatness, order, and the

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capacity of nurses. In the matter of statistics the charge of the board was essentially that the trustees had unfairly made their estimates of comparison, so as to show in favor of this institution. This charge was considered of such serious import that a special committee of five was chosen to carefully go over and verify or disprove the estimates. The report of the committee is presented in its proper place, and it only remains for me to go over the subject a little more in detail. Before doing so, however, I will say that, recognizing the opportunity for anyone so disposed to offer the criticism, that at our visit on February 22, the officers had previous notice of the visit, I privately requested the members of the special committee to go to Westborough by the early train, on March 6, and the entire committee did so, some of us leaving our homes before daylight. This was done entirely without notice to the hospital authorities, and necessarily without their previous knowledge. We were conveyed to the institution by a public conveyance, that there might be no possible means of communicating our action. We reached the buildings before nine o'clock, and were at once shown throughout the establishment, which we examined even more thoroughly than on the previous visit. Some noise is always heard in the *excited* wards of insane hospitals; I have visited several and never found it absent. As far as we could observe the talking was not noticed by the patients who were quiet. It must be remembered that at Westborough the excited patients are as far as possible placed in the same wards,—what are called the "excited wards." The quiet ones, and those on the road to recovery, are kept in the "quiet wards," where there is the least disturbance. This is one of the features of the hospital, and your committee thinks it one of the most advantageous ones. This is the subject of one of the charges made by the Board, who consider it unsatisfactory. As it appears, they would keep a case of acute mania which *had been* violent and talkative, but was now quiet and recovering, in the same ward with a violent case, just admitted, and that it is all wrong to place the recovering maniac in a "quiet ward" with an equally quiet demented person, because they did not belong in the same nosological class. To keep the convalescent patient in the same ward with the violent, recently admitted case, would necessitate that the first patient should be more or less disturbed, or that the second case should be drugged to quietude. It is just simple nonsense to expect a violent case of acute mania to be quiet from command, entreaty, or any form of moral suasion. Even if there were a nurse to each such patient there are times when they would be noisy and unquiet. Just what is meant in the report by "confusion" is

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to me so confusing, that I can only say but very little of it was found.

As to untidiness, we made special investigation in the wards closets, rooms and corridors. This was done both by ocular inspection, and by rubbing the fingers over the woodwork for marks of dust or dirt. Every article of furniture was in what appeared to be its proper and appropriate place; the bed clothing was clean, the pictures hung straight, and even the canary bird in each ward was clean and in a tidy cage. The wood finish is mostly in the "natural wood," and anyone who has experience with this finish knows that in a few years it will grow dark. I cannot but wonder by what unnamed sense the Board discovered dirt or disorder. We took particular pains to observe and to talk with the nurses. They were uniformly well dressed, neat, alert, and answered all questions directly and intelligently. One nurse has a room on each ward where she sleeps at night, and nearly all who are thus domiciled were asked if they were often called out or disturbed at night, by reason of violence or disturbance on the ward. We found none had ever been so called. From want of time we were unable to see an exhibition of the fire drill, by which a ward is cleared in a very few minutes. The superintendent informed us that in the summer a few of the nurses have left the institution, and this has necessitated new ones to fill their places, but within the past few months all nurses, on coming in have been required to sign a contract binding them to stay two years. If the complaint of the Board was valid at the time it was made, it will not be so in the future. The Board found fault with the "rest cure." In doing this it constitutes itself a board of experts, capable of judging unfavorably the opinion of several competent alienists, who have a thorough medical education, and who have spent years in studying mental diseases. They certainly were not appointed as such experts, and it is to be feared that an excess of zeal will not take the place of systematic drill with boards any better than it will with nurses. Your committee does not find that the records have been forced or falsified, and the statistics would lead to the direct conclusion that the rest cure has not been injudiciously used.

The charge that the trustees had claimed mere "improvements" as recoveries is so worded as to make it unreliable. They say "other hospitals *may* discharge him as 'much improved,' or 'improved.'" Other hospitals may do a great many things, but do they? is the question. They also say "the use of the word 'recovered' depends entirely upon the point of view." Well, we will not dispute them on this point; they have demonstrated it. They might have gone further

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and said that a great many other things depend upon the point of view. The seventh charge is the serious one of forcing of returns, in point of fact, of dishonesty on the part of the superintendent or trustees, or both. The report says: "The Westborough officers compared the recoveries of *curable cases* in that hospital, with recoveries from *all admissions* in other hospitals." They did nothing of the kind. It is plainly said in the report of the trustees, on page five: "The hospital reports made to the Governor and Council a year ago indicate, that of the curable cases which were admitted to this hospital in the year ending September 30, 1894, sixty-eight per cent were cured; while the highest rate of cures of *similar cases* in any other state hospital during the same year was thirty-six per cent." For a State Board, having so much responsibility and claiming so much authority, to make such a palpable misstatement as this, is to us plain physicians quite disconcerting. That there may be no misunderstanding let me say that alienists divide insanity into two general classes; the so-called curable cases, including acute mania, acute melancholia, puerperal insanity, and in some hospitals, confusional insanity. In former years there was added to this alcoholic insanity, but since the establishment of the hospital for dipsomaniacs the alcoholic cases are sent there. The second class includes the chronic and degenerative cases, which do not tend toward recovery.

With regard to "Classification." This means, what class of cases should be placed in each ward together? Shall a quiet patient be placed in an "excited ward" just because in the nomenclature of insanity he has the same type of disease? The results in this hospital show that there is a system which gives the patient a better chance for recovery. Are our hospitals established to keep people in, or to cure them if possible, and as speedily as possible? State economy would be best served by converting lunatics into sane, law-abiding citizens as rapidly as it can be brought about. After looking the buildings and their inmates over most carefully, your committee failed to see how the congregate dining-room can be avoided. I have certainly seen more confusion and heard more noise, in the dining-room of a large restaurant than in the congregate dining-room at Westborough.

In the report the statement is made "that the method of diagnosis followed is apparently different from that employed in other hospitals." As physicians, you know perfectly well that to judge of another person's diagnosis you must have examined the patient, or at least gone over the symptoms, and compared them with the recorded opinion. If this has ever been done by the Board in any considerable number of

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cases, we failed to discover it, and such an examination could not have been satisfactorily made "on the sly." An exception to the usual careful diagnosis at this institution becomes necessary at the close of the year when a name must be given to the recently admitted case for the forthcoming report. With this unavoidable exception, the diagnoses seem to be carefully and deliberately made. The history of the patient comes with the "case," and this is used for what it may be worth. The patient is now watched, and examined for about a month, before the final and recorded diagnosis is made. We saw the method used, and there was evidence of care and intelligence. If the method differs from that of other hospitals the variation is certainly not detrimental to "Westborough." In answer to repeated questioning we find that the Board have not during the year notified the hospital officials that things were not satisfactory; that they have not advised changes in methods or treatment, until it appeared in the report to the Governor and Council. There is a very marked discrepancy between the "report," and the facts as we found them. This variation leads to the very natural conclusion that in making the charges the Board was either actuated by a spirit of hostility toward the hospital and its officers, or that in the multitude of its various duties, in supervising the affairs of both lunacy and charity, they could not find the time to make a thorough and impartial investigation, in a way that would best serve the interests of the citizens and taxpayers of this Commonwealth. With full recognition of the demands made upon the time and strength of the Board, I think we must feel, after studying its expressions as published, that it has failed to come up to the average standard of the other State Boards. It would seem to be the evident duty of the members of our society to use what influence they may have, toward preventing a repetition of such manifestly unfair reports. If we can but reach them, the people of this state are friendly to this hospital, and will aid us in seeing that it receives just treatment. The legislature has always treated us with fairness and I believe we can rely upon it to do so again and at all times. From all said in praise of the Westborough Hospital it may be inferred that we were blind to its shortcomings. This we are not. It is not perfect nor do its officers make a claim for perfection, either in methods or treatment. But it is well conducted, as neat as old buildings can be made, its statistics are truthful, and its report is not meanly twisted to make a favorable showing. We have reason to feel proud of its work, and resent unjust censure. The hospital at Westborough was established by the legislative and executive powers of this Commonwealth to care for the insane homœo-

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pathically, and for that purpose it has been supported by the citizens. This may be distasteful to some, or all, of the members of the Board, but it is their plain duty to accept the inevitable and treat the institution fairly.

In closing my official term I desire to thank the society for the honors they have conferred, and for the confidence they have reposed in me, not only during the past year, but during the entire period of my membership; and to bespeak for the association a future more successful, and still more useful, than even the very satisfactory past.

EDWARD P. COLBY, M. D.,
President.

CURANTUR VS. CURENTUR.

BY B. FINCKE, M. D., BROOKLYN, N. Y.

Just one hundred years ago Hahnemann published in Hufeland's *Journal* an essay on a new principle of exploring the healing forces of medicinal substances in which he proclaimed for the first time the great discovery of the homœopathic law of 1790 in the following words: "Jedes wirksame Arzneimittel erregt im menschlichen Körper eine Art eigner Krankheit eine desto eigenthümlichere, ausgezeichnetere und heftigere Krankheit je wirksamer die Arznei ist. Man ahme die Natur nach welche zuweilen eine chronische Krankheit durch eine andre hinzukommende heilt und wende in der zu heilenden (vorzüglich chronischen) Krankheit dasjenige Arzneimittel an, welches eine andre, möglichst ähnliche künstliche Krankheit zu erregen im Stande ist, und jene wird geheilt werden; *Similia similibus.*" (Kleine med. Schriften v. S. H. Stapf 1829 I, p. 154.)

This is the first time that the formula *Similia similibus* appears. Likewise in 1805 (Hufeland's *Journal,* Bd 26, S. 2, p. 5 and 6) he says: "Und wenn es auch hie und da ein Weiser wagte mit einigen leisen Worten zu widersprechen, und ein *Similia similibus* vorzuschlagen, so ward dieser Einspruch doch nicht geachtet." Both times the "*curentur*" is conspicuous by its absence.

This copula appears no sooner than in 1819 in the introduction to the Organon 2d ed. p. 29, in the sentence: "Wähle, um sanft, schnell, gewiss und dauerhaft zu heilen, in jedem Krankheitsfalle eine Arznei welche ein ähnliches Leiden (*ὅμοιον παθος*) vor sich erregen kann, als sie heilen soll (*similia similibus curentur*)." This sentence was repeated unchanged in the introduction to the Organon, third edition, page 1, in 1824; and

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fourth edition, page 51, in 1829. In the fifth edition, page 62, in 1833, the same sentence is also repeated in the introduction without the formula which just before has been given again in the words: "nach dem einzig naturgemässen Heilgesetze: *similia similibus curentur.*"

It is, therefore, quite true, that Hahnemann repeatedly used the Latin formula with the copula "*curentur,*" but only in the introduction to the Organon where it was transcribed from one edition to another, however, not in the text, and it is significant that not earlier than in 1819 he used the word "*curentur*" whilst at the first proclamation of the new principle in 1796 he added to it the simple motto: "*Similia similibus.*"

The explanation is in the construction which the Nestor of Homœopathy puts upon this subject that "Hahnemann always wrote the formula *Similia similibus curentur* thereby giving an imperative and mandatory turn to the phrase." Hahnemann at first was satisfied with the simple motto *Similia similibus*, but when in his progress he met a host of adversaries, the motto assumed an imperative mood. But nowhere in the text of his Organon in all its five editions can be found the Latin sentence with the "*curentur*" when he speaks of the homœopathic natural law. Hence the writing of "*curentur*" is by no means binding in the reverence due to the master, and consequently needs no popularizing "for the approaching centennial celebration of the enunciation of this therapeutic rule," because it fails of its object. On the contrary judging from the use of *Similia similibus* for the new principle proclaimed one hundred years ago this motto would rather recommend itself to the celebration approaching, as well as to the inscription intended for the monument to come. This motto might be considered to intimate the wider range of the Hahnemannian principle, since nothing in the world ever moves and has its being except on this universal principle of assimilation, underlying the universal principle of gravitation. Sir Isaac Newton's law of motion,—"Action and reaction are equal and contrary"—finds its proper application in the science and art of healing by adding to the Hahnemannian original writing *Similia similibus* the copula *curentur.* As the positive mood is employed in that grand law of motion, so it should also be employed in the grand law of healing, the homœopathic law, as is already the popular use. "Der indicativus," says the grammarian Zumpt, "wird gebraucht in jedem Satze dessen Inhalt als factisch oder als Thatsache ausgesprochen wird." Now the principle of Hahnemann is indicated by the incontrovertible proposition, that like cures like, and admits of no more doubt than the third law of motion, because it is a fact, confirmed by an experience of its application in homœopathic practice for the last hundred years.

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The use of the copula "*curantur*" seems indeed not quite appropriate since the original meaning of "*curare*" is "taking care," and in a remoter degree "attending to the sick." In this sense the copula would be better replaced by "*sanantur*" as far as the principle of healing is concerned. But Hahnemann's sagacity preferred the term "*curentur*" because it included in the acknowledgment of the philosophical principle the therapeutic rule which enjoined the physician to attend to the sick according to his newly proclaimed principle. For this reason the term "*curantur*" recommends itself in preference to "*sanantur*," as is confirmed by a sentence of Prop. II, 1, 59: "*Omnes humanos sanat medicina dolores.*"

The Newtonian law expressed in the indicative mood shows the difference why Hahnemann used the conjunctive. "Der Conjunctivus steht im Allgemeinen dann, wenn ein Satz nicht als Factum sondern als Vorstellung ausgesprochen wird." "Ferner wird der Conjunctiv als die Form der Vorstellung unabhangig gesetzt zum Ansdruck des Willens. Er Vertritt daher in der zweiten oder dritten Person *praesentis* die Stelle eines Imperativs," says Zumpt. This is precisely the meaning of Hahnemann's "*curentur*" and following these rules perhaps unconsciously the expression of "*curantur*" has been preferred very generally as a broad declaration of principle against the imperative admonition of its application.

Returning to the above mentioned law of motion it might be objected, that the word "equal" has nothing in common with the "*simile*" in Homœopathics. But a little reflection will show their intimate relation. The *Simile* belongs to a series, the highest degree of which the *simillimum* can be nothing else than the equal of Newton, for no two things or actions can be the same, only equal as they are more or less similar and attain to the highest degree as *simillima.* Hahnemann was no doubt pretty clear on this point, as appears from two utterances, first in 1810 and last in 1825. In the first edition of the Organon 1810, § 13, the following sentence is found: "Gleichartige Symptomen dieser Arznei heben Symptomen gleicher Art in dieser gegebenen Krankheit auf." And in the first volume of the Chronic Diseases, 1828, at the end is said: "Denn zwischen *idem* und *simillimum* giebt es für den wer nachdenken kann kein Zwischending oder mit andern Worten, zwischen *idem* und *simile* kann nur *simillimum* zwischen innen liegen. Isopathisch und *aequale* sind missdeutliche Ansdrücke die wenn sie etwas Zuverlässiges bedeuten sollen nur *simillimum* bedeuten koennen, weil sie kein *idem* sind." Last but not least we find in the fifth edition of the Organon, 1833, in the note to § 56: "Man moechte gern eine vierte Anwendungsart der Arzneien gegen Krankheiten erschaffen durch Isopathic wie man's nennt, näm-

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lich mit gleichem Miasm eine gleiche vorhandene Krankheit heilen. Aber gesetzt auch, man vermöchte dies, was dann allerdings eine schätzbare Erfindung zu neunen wäre, so würde sie die Heilung, da sie das Miasm nur hoch potenzirt und so folglich gewissermassen verändert dem Kranken reicht, dennoch nur durch ein *Simillimum*, dem *Simillimo* entgegengesetzt bewirken." From these quotations it is evident that the *aequale* of Newton and the *simillimum* of Hahnemann are different expressions of the same concept, and hence the "aller wahren Heilung von jeher zu Grunde liegende homœpathische Naturgesetz" is the third law of motion in its application to Medicine. Hahnemann though giving no definition of *simile* says decidedly and repeatedly that symptoms of disease are healed by remedies which can produce the similar symptoms on the healthy.

Now it stands to reason that the more similar the symptoms are the greater will be the chance of healing, and consequently the most similar or the *simillimum* or the equal must be the most successful in restoring health to the sick. In this sense the "missdeutliche Ansdrücke *aequale*" or equal receives its proper value in philosophy as the highest degree to which things and actions can become similar, short of the *idem*.

It should, therefore, recommend itself to use the motto *Similia similibus* first proclaimed by Hahnemann in the afterward generally adopted complete form: *Similia similibus curantur* and thus finally to lay the ghost of that ever recurring controversy about a matter which after all is not of the importance which is attributed to it.

ANIMAL EXTRACTS.

BY N. L. DAMON, M. D., DORCHESTER, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

In presenting you with a paper on the present status of the therapeutics of animal extracts, as requested by your committee, I feel called upon to state that my task has been one of compilation only, as I have had no personal experience whatever with these substances. In justification of the presentation of this paper on my part, is the opportunity which is thus afforded Doctor Paine to present you with the results of his clinical experience in this connection.

Without going into details which would only be of interest from an historical point of view, and take up your time to no good advantage, I shall merely state, by way of introduction, that it is taken for granted that you all understand the principle upon which this therapeutic method is founded. Briefly stated, this principle rests upon the supposition that when an organ is so affected by disease, or otherwise, that it no longer

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performs its functions in a satisfactory manner, its office may be substituted or supplemented by the introduction of the same organ or its products into the system; the substance thus introduced being obtained from a freshly killed healthy animal. In the case of organs having important offices in connection with nutrition or blood-formation such as supplementary action, or substitution, it would obviously be of great value, as affording the system time to recover its vitality until the resumption of function by the damaged organ, or (as is supposed to be the case) its functions are performed vicariously by some other organ. After thyroidectomy the pituitary gland has been found greatly enlarged, thus leading to the supposition that it had taken upon itself some of the functions of the thyroid. Acting on this principle of tissue feeding, or substitution, nearly all of the tissues of the body have been made use of, both in the laboratory and clinically, with varying degrees of success; and often with no success at all; rarely however has any injury been ascribed to their use. The most conspicuous example of this kind of therapy is the thyroid treatment of myxœdema.

Now I might take up a considerable portion of your time in detailing the results of laboratory experiments in connection with the performance of thyroidectomy, its results, and the neutralization of these results by the injection of thyroid extract, or thyroid grafting; all of which is of undoubted physiological interest, but aside from the purpose of this paper. Before proceeding to enumerate the more important tissues and extracts coming within the scope of this subject, I wish to state, as my own personal belief, that there are many reasons why we should investigate this branch of therapeutics. First and foremost among these reasons is the fact that there is nothing in their use inconsistent with our professions as adherents of the homœopathic law. Another and most potent reason is that most of the diseases for which they are recommended are incurable by other measures, and we should not withhold even so slight a hope as these afford, particularly as they come to us stamped with the seal of official recognition, and resting on a substantial scientific foundation. The most severe criticism of these substances that I have read (excepting of course the thyroid extract), is that their real or apparent benefits are to be ascribed to suggestion; but that should be no barrier to their employment. It was the expressed opinion of a noted German authority at a recent meeting of the Berlin Medical Society, at which this was the topic under consideration, that, with the exception of spermine and thyroid extract, the organic extracts should not be used as yet outside of the laboratory. Nevertheless they are used, and are within the

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reach of all. The undoubted success of the thyroid treatment renders it highly probable that more extended use of the other extracts may result in like successes. As has just been intimated, the thyroid treatment has passed the experimental stage, and is now well established as a curative measure of great value, and we are in duty bound to give our patients the benefit of its use. The principal diseases in which the thyroid treatment has been more or less successful, are myxœdema, psoriasis, mental disturbances, obesity, exophthalmic goitre, neuroses of the menopause, etc.; but it is inseparably associated in the mind with myxœdema.

So far as anything definite is known of the functions of the thyroid gland, it may most confidently be asserted that it exerts a marked influence on nutrition, whether by virtue of an internal secretion, which has the property of neutralizing certain toxic substances normally present in the system as products of metabolism, or otherwise, is not capable of demonstration; but it *is* known that its absence, or functional inactivity, is followed by certain trophic disturbances, which grouped together constitute the state known as the cachexia strumipriva, of which myxœdema is the type. This cachexia is allied to cretinism, and it is possible that a great many obscure morbid conditions, obviously bearing the stamp of trophic neuroses, owe their origin to imperfect action of the thyroid, and that they would be benefited by a cautious employment of thyroid extract. In fact such a use of the extract has already been advocated by Doctor Crary of New York in cases of arrested development in children. It is his belief also that many cases of idiocy and imbecility are the result of functional inactivity of the thyroid.

Myxœdema is a disease so seldom met with, and, in view of its curability, by thyroid extract, one which it is so important to recognize, that it can do no harm to consider it briefly. It occurs usually after the age of forty, and women are much more liable to it than men. The most striking feature of the disease is produced by an accumulation of mucin in the subcutaneous cellular tissue; associated with this are certain disturbances of the nervous system. It has an insidious beginning, and usually the first thing to attract notice is the œdema, which presents itself in the shape of a uniform thickening of the skin all over the body, not excepting even the fingers and toes; it differs from ordinary œdema in that it does not pit on pressure. To the ordinary observer it might be supposed that the patient were growing fat, but on close inspection it will be noticed that, unlike simple obesity, the nose, lips, tongue, and fingers are involved in the thickening process. The skin is not only thickened but it becomes dry, rough, and scaly; its

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color is usually waxy. The appendages of the skin also suffer, the hair often changing color, becoming brittle, and falling out; the nails also become brittle. The mucous membranes usually share with the skin in the thickening process. The thickening of the mucous membrane is most noticeable in the tongue; and as a result of this the speech becomes thick, slow and nasal. At the same time that the œdema is first noticed, the symptoms referable to the nervous system make their appearance: Sensations of numbness, tingling, and coldness, are felt in the extremities, and the tactile sense is impaired. The special senses are often blunted—sight and hearing being defective. The patients are unusually susceptible to cold, and suffer from severe attacks of neuralgia. The patient's gait becomes unsteady, all his actions, both mental and physical, are slowly and clumsily performed, and he is affected with tremor. Sooner or later he becomes apathetic and indifferent to his surroundings, loses his memory, and finally lapses into a state of imbecility. During the later stages delirium, hallucinations and delusions are not uncommon. A little thought on the subject would, I think, lead to our being able to classify certain of our patients as coming under the head of the myxœdematous diathesis; and in whom it is reasonable to assume that the functions of the thyroid are more or less sluggishly performed.

In treating the different ailments of such patients, the possible applicability of the thyroid treatment should be borne in mind. In experiments on animals it was discovered that the ordinary ill results of thyroidectomy were entirely averted by previously removing a portion of the gland and implanting it in some other part of the body, such for instance as the abdominal wall; after this had become incorporated in the surrounding tissues, the remainder of the gland could be removed with impunity. This fact gradually led to the adoption of the thyroid treatment of myxœdema, until now it is regarded as an undoubted means of cure, even in cases of years' standing. In some cases it has been found necessary to continue the use of the remedy habitually; in other cases it has been discontinued without relapse.

The thyroid gland may be administered in various ways. The extract is prepared by cutting the gland into thin slices, bruising it, and adding a drachm each of glycerine and sterilized water to each gland; this should be allowed to stand for twenty-four hours and then strained. Twenty-five minims of this is injected subcutaneously once or twice a week for five or six weeks, after which time the interval may be lengthened. Either the extract or the gland itself may be administered by the mouth with as good results as by injection. In

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thyroid feeding the gland is chopped up and seasoned when it may be eaten on bread or in soup. Half a gland twice a week is a medium dose. Of late it is customary to use tablets prepared from the dried and powdered gland, it having been found that it preserves its efficacy even in the dried state. Owing to the fact that it is better borne than the fresh gland the dose is larger. Thyroid tablets are prepared by Armour & Co., and can be obtained at any druggist's.

The use of thyroid preparations is not without its dangers; too much causes nausea, vomiting, accelerated pulse, emaciation, and debility, continuing after discontinuance of the remedy. Therefore it must not be prescribed indiscriminately. So much for the thyroid.

Sheep's brain has been used with good results in such cases as neurasthenia, locomotor ataxia, paralysis, melancholia, obstinate insomnia, and neuralgia. Althaus of London prepares an extract which he calls cerebrine alpha to distinguish it from the alkaloid cerebrine. He prepares it from rabbit's brain by mixing equal parts of brain substance, glycerine, and a weak solution of carbolic acid, letting it stand for twenty-four hours, and then straining it; he then injects it in doses of five minims each. He prepares a similar extract of the spinal cord and calls it myelin alpha. An extract of heart substance, called cardin has been used with good results in heart weakness. Nephrin, an extract of the cortical substance of the kidneys, has been used in Bright's disease, and particularly in uræmia. The results in the first named disease have not been startling, but in uræmia it has seemed to do good work. The thymus gland has been used in lymphadenoma with benefit. Since removal of the pancreas is followed by glycosuria, which does not supervene when a small portion of the gland is left, or when a piece is implanted into the abdominal wall, preparations of the pancreatic tissue have been used for the cure of diabetes with slight but not very encouraging results. Extracts of red bone marrow have been used with most excellent results in anæmia.

Fraser of Edinburgh cured a case of pernicious anæmia of four months' standing, by feeding his patient on uncooked marrow. Iron, arsenic, and the ordinary measures had been tried in vain, but in six months from the time of commencing the marrow treatment, the patient was entirely well. It has also cured leukæmia. It may be given raw, spread on bread, or it may be used in the form of an extract. The extract is made from the heads of long bones and other bones which contain the red bone marrow; the bones are first broken and then digested for several days in glycerine; the extract is then filtered, and may be used in teaspoonful doses once or twice a

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day. In Fraser's case just mentioned three ounces of uncooked bone-marrow from the ox were eaten daily. It is well for us to remember this use of bone marrow, as it is a remedy so easily obtained and used.

Of late it has been argued that the curative action of antitoxin is due to the bactericidal property of the nucleine it contains. Nucleine is the reproductive element of blood cells, and is consequently present in the serum used. It is supposed to stimulate the production of nucleine in the individual receiving the serum, thus augmenting the germicidal power of the blood. Acting in accordance with this theory, nucleine has been used in the treatment of infectious diseases. It is reported to have been of especial service in pneumonia and pleurisy. Experimenting with nucleine on animals, Vaughan claims to have cured tuberculosis, the result of inoculation in guinea-pigs. It is also claimed to have done good service in the same disease in man. Nucleine is prepared from the yolk of egg, the spleen, and blood corpuscles. It is a yellowish powder, and is prescribed in doses of ten grains each three or four times a day. This is another product which certainly deserves a trial.

The suprarenal capsules have been used with benefit in Addison's disease; and the pituitary gland in acromegally. A number of the extracts mixed together have been used under the name of vitalin. The use of Brown-Séquard's testicular extract you are all familiar with, and serum therapy, which properly belongs to this subject, has recently been discussed at a special meeting of this society.

A FEW REMARKS ON INGUINAL HERNIA AND ITS RADICAL CURE.

BY WINFIELD SMITH, M. D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

A simple glance at the literature of this subject will convince the most casual observer that one can read more and learn less in the text-books about hernia and its cure than about any other subject in the catalogue, with the exception of fractures and dislocations and possibly gynæcology. Everything is uncertain, and beginning with trusses one is advised to use this or that or the other apparatus or to perform one of so many given operations that the mind becomes confused and one gives up the whole thing in disgust.

The medical mind has been exercised for centuries with the problem of the treatment of these cases and I am not now going to attempt to add to the consternation of students. As was well said at a recent meeting of one of our sister socie-

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ties, the fact of so many new operations being devised at short intervals is evidence that the profession has no great confidence in the efficacy of any operative procedure. Having had, personally, a certain interest in these cases for several years, I determined last summer to consult some of the authorities across the water and to study carefully the methods in general use. For this reason many of the points in this short paper cannot be claimed as original, but as most of the questions which naturally arise in an investigator's mind were satisfactorily answered, so far as I am personally concerned, I venture to submit the facts for your discussion.

Of all the men who have assisted in the clearing up of the mooted points about the abdomen and its contents, no one man, I venture to assert, has, during the score of years just past, done more to practically enlighten us as to the anatomy and relations of the abdominal viscera than Mr. Treves of London. Again I believe it can be said that no one has done more nor better surgery during the last decade, and it is certain that no surgeon in Great Britain is more respected and that no man's opinion is more highly valued.

I do not mean this paper to be an eulogy of any man or methods, but only wish to emphasize the fact that Mr. Treves, after trying most of the operations which have been advised since his advent upon the stage, has finally chosen for its good all-round qualities the one which I shall attempt to describe. It is the one most frequently performed at the London Hospital, than which there is probably no institution in the world presenting better facilities. In addition it may also be said that Dr. J. C. Stinson's paper in the New York *Medical Record* of March 7, 1896, describes an operation he has performed in many cases with great success, and the technique is not much different from the one which I will endeavor to present. It may be said here that the later operations in which transplanting the cord is a feature are not only, as it seems to me, unnecessary, but may prove dangerous, as Doctor Stinson remarks and as Dr. W. B. Coley reports in the *American Journal of the Medical Sciences* of May, 1895. Pressure upon the cord, as per report, may cause considerable subsequent trouble, as the cicatricial contraction of the incised muscle is exerted directly upon the cord in its new bed. In the operation used in London the cord and its structures receive no special attention but everything is left *in situ* and the parts allowed to heal in as normal a position as possible.

The one thing which Mr. Treves and his friend Mr. Clutton of St. Thomas' in particular insist upon, is that the peritoneal pit made by excising the peritoneal sac shall be entirely obliterated by removing it to a point which is invulnerable. It is a

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well-known fact that prolapse of the omentum in hernia—a nearly constant condition in these cases—so drags upon the transverse colon as to lengthen its mesocolon and give it an unusual and hitherto unknown freedom of movement: a similar state of lengthening of the mesentery and excess of mobility occurs in cases showing a prolapsed bowel. For these reasons the conditions are favorable for any pendulous piece of omentum or bowel to insidiously engage itself in the depression and gradually in a worm-like manner act as a "follow my leader" to the parts behind.

Like the "bag of waters" in the first stage of labor, the slow development of the hernia from such a small beginning makes the progress of the rupture more complete and less painful, and therefore more obscure. In the older operations in which the sac was ligated and replaced directly in or near by the external ring, it doubtless served as an invitation to the parts above to reëngage and reëstablish the breach.

It is doubtless true that in many of the older operations in which the wound was left to heal by granulation, a fair percentage of cures resulted, but these were only obtained after a patient had passed several weeks of his life in bed which might perhaps have been put to a better use.

In Doctor Stinson's paper—above mentioned—four rules for guidance were laid down, and with your permission I will quote them and add one other which is in line with the ideas just stated. The quotation is as follows:

"An operation to be followed by a cure should fulfil the following conditions: (1) It should cause total obliteration of the hernial sac. (2) It should allow for safe transmission of the cord, i. e., the cord should not be subject to pressure in any part of its course. (3) It should not result in atrophy or inflammation of the testicle, nor in pain, thickening, or inflammation, nor in any other manner interfere with the function of the cord and its structures. (4) The breach in the abdominal wall should be closed."

To these excellent rules I should add as an appendix to rule one or as rule two, the original second, third and fourth becoming the third, fourth and fifth in sequence, the following: The peritoneal pit formed by ligation of the hernial sac should be carried posteriorly and to the inner side of the internal pillar of the external inguinal ring, and the attached portion of the conjoined tendon, and held in such a position as to leave the point of weakness on the outer side of the lower posterior surface of the rectus abdominis muscle. The reasons for this, I believe, are self-evident.

The technique of the operation is extremely simple, but for the sake of completeness I will make an effort to describe it in detail.

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An incision is made from a point about half an inch to the inner side of the anterior superior process downward and inward parallel with Poupart's ligament and about half an inch or a little more above it, to a point just over the neck of the hernial sac. This incision extends down through the superficial fascia and adipose tissue to the aponeurosis of the obliquus externus abdominis muscle. The sides of the wound are then retracted and the external inguinal ring brought into view, after which, using the point of a thin bladed knife with the cutting edge turned outward, the external or anterior covering of the inguinal canal formed by the aponeurosis of the external oblique muscle is slit up along its whole length, exposing the entire hernial sac up to the point of its entrance through the internal inguinal ring formed by the opening in the transversalis fascia. The sac is now opened and the bowel, if it be prolapsed, and such omental contents as appear healthy are returned to the peritoneal cavity, but such portions of the omentum as are strongly adhered to the inner surface of the sac or present a thickened or unhealthy appearance, are to be ligated off *in toto*. The sac is now ligated with a Staffordshire knot of good-sized catgut which is passed by an aneurism needle through the middle of the neck of the sac at the point of its exit from the internal inguinal ring. The small amount of extra time consumed in passing and securing this kind of knot is well spent, as an ordinary ligature would scarcely stand the strain of the sutures soon to be described. After excising the sac at a point just external to the ligature two silkworm-gut sutures are passed through what remains of the neck of the sac, at right angles to one another, and just behind the Staffordshire knot.

The deep structures at the inner side of the canal, that is the peritoneum and subperitoneal tissue, are pressed away from their attachments to the anterior abdominal muscles, and the four free ends of the silkworm-gut sutures, which now present in the bottom of the wound, are passed independently of each other by a curved needle to the inner side of the canal through the deep surface of the rectus abdominis muscle and out through the skin, at a point at least one inch to the inner side of the original incision through the integument, and in such a way that the points of exit of the two ends of each ligature shall be opposite one another and separated by an interval of about one-half or three-quarters of an inch and the four points of the two ligatures shall form the corners of a perfect square whose sides shall be a little shorter, of course, than the diagonals just given.

These ends are to be strongly drawn upon and tied over a small piece of folded iodoform gauze and the two ends of the ligatures secured snugly and firmly so that they may cross over

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the wad of gauze. This latter step is better left until the remainder of the operation is completed. Any adventitious adipose tissue about the cord is now carefully removed by ligature, if necessary, to avoid injuring the important structures, or hemorrhage, and the wound is closed as follows:

Beginning at the upper part of the conjoined tendon a curved needle threaded with prepared kangaroo tendon is used to bring together the lower free border of the conjoined tendon and the upper part of Poupart's ligament which can easily be exposed by turning down the lower border of the incised external oblique aponeurosis, when it will show as a pearly white, glistening cord in the deep part of the wound. In taking this step of the operation it is well to bear in mind that the femoral vessels lie directly below the middle of the ligament and have been punctured, but careful work will easily avoid them and prevent subsequent complications. This sewing extends only to the outer border of the cord and terminates there so as to allow sufficient room for these structures without dangerous pressure.

The two incised edges of the external abdominal aponeurosis are now brought together with the kangaroo tendon and this suture is carried to the outer border of the cord as just described with the deeper structures. If it seems desirable, two or three deep silkworm-gut sutures may be passed through the deeper layers and integument, care being taken to avoid the vessels as before stated. The integument is now closed with catgut and the wound treated as any other. Rest in bed in these cases is desirable for a longer time than after the ordinary operation, that firm adhesion may take place and form a hard, unyielding cicatrix. The silkworm-gut sutures which hold the neck of the sac are left in place as a rule for two weeks or more unless some special reason calls for their removal.

The use of kangaroo tendon in these cases has met with more opposition in this country than abroad, but when it can be prepared as easily as catgut—in fact in a similar way—and when, particularly, one reads Doctor Coley's report, above referred to, it certainly seems that criticism can no longer be applied nor can the proper use of this tendon be any longer termed a "fad."

A synopsis of Doctor Coley's report shows these results. He operated upon one hundred and twenty-four cases of inguinal hernia. "In one hundred and seventeen cases kangaroo tendon was used as a buried suture. All but three were traced. There were no relapses. The only case Doctor Coley reports in which recurrence took place after use of the tendon was one of umbilical hernia. In two cases silk was used. Both relapsed inside of three months. Chromicized

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catgut was used in five cases with no relapses. Doctor Coley's mortality was one death from pneumonia in a child, who died on the fifth day after operation. There was no abdominal complication or suppuration in wound." Dr. W. B. De Garmo in the *Medical Record* of June 1, 1895, strongly advocates the use of tendon as a buried suture.

Another operation which I saw performed in the London Hospital, which, I was informed, was universally successful in the indirect herniæ of young children, was extremely simple and easily done. The sac was exposed by a short incision through the skin and superficial structures; it was raised from its bed, opened, its contents returned to the peritoneal cavity, after which it was ligated and excised, when the cut end of the sac was seized by a pair of Pean forceps, twisted several times upon itself and then forcibly pushed by the forceps through the strong fibres of the internal pillar about half an inch from its free border. When necessary a few stitches were introduced to confine it firmly in this position.

I believe that herniæ in children under three years of age naturally tend to spontaneous healing and that a simple pad of gauze or a button mould covered with silk or leather and confined by a flannel T bandage is sufficient to cure the ordinary case. Intractable cases occur occasionally, however, and I can easily recall one to which I was called to operate about three years ago in which—in a boy eighteen months old—there occurred a strangulated hernia requiring an operation to save the child's life. The testicle of the affected side was so bruised from long-continued efforts at home to reduce the hernia by taxis, that it was removed, to avoid subsequent complications, and an operation for radical cure proved to be successful and, in spite of the unfavorable conditions present at the time, devoid of danger.

With a view of simplifying my own work in the future, I have formulated a few rules which may be of assistance in the majority of cases, although it must be admitted and constantly kept in mind that an occasional case may be encountered which must be treated on original lines governed by the conditions which present themselves.

Rule I.—A carefully selected and well adapted truss may be satisfactorily worn in a very large percentage of cases of hernia—preferably those which are easily reducible and exhibit no adhesions between the sac and its contents.

Rule II.—Truss-wearing patients should be advised to present themselves as often as once in two months at least for examination and they should also be instructed in the dangers which confront them and impressed with the necessity of calling for help at once when serious symptoms—such as irreducible hernia or threatened strangulation—supervene.

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Rule III.—An operation should be advised in all cases which have at any time presented serious symptoms.

Rule IV.—The best operation, according to our present knowledge, is the one above described in which the peritoneal pit is removed to a practically invulnerable point, the canal sutured with prepared kangaroo tendon, the cord undisturbed and the whole wound closed to heal by "first intention."

THE HOMŒOPATHIC TEXT-BOOK OF SURGERY.

To the New England Medical Gazette:—

My attention has been attracted to a review of the "Homœopathic Text-Book of Surgery" appearing in the April *Gazette,* and I am constrained to rejoin thereto in the conjoined interests of the volume, its corps of authors and the profession for whom it was written.

Careful analysis of the review of your correspondent goes to show that while in a measure he commends the volume yet on the whole he seems to have made it a point to hunt out minor matters for criticism. I do not understand it to be the duty of a book-reviewer to array himself in antagonism to a volume submitted for inspection and to devote his attention chiefly to searching for real or supposed defects. It would be more just to our literature did he carefully analyze the production before him with reference to developing its strong points at least equally with its weak ones. In this instance I do not find that your correspondent has taken pains to comment especially upon many of the excellencies of our new Surgery, but, rather, he has materially weakened his review by the very insignificance of the criticisms noted. Let us analyze these *seriatim.*

The first objection is to the size of the book. As a rule it is not usual for a profession or people to object to receiving a large quantity of a given thing for a moderate amount of money, provided said article is valuable. It matters little to my mind whether a book be as large as Webster's dictionary or divided into two smaller volumes provided it contains what the profession needs. It is true that this work contains more pages than does Webster, but it is true, also, that it is not as bulky or cumbersome as that book. The difference lies in the quality of paper used, in the height of the book and in the nature of the binding. Though a large work, the Surgery is so bound that it will lie open on a table at almost any page at which it is opened. Furthermore, it was not intended that it should be a lap book or a hand book, but a table volume. To

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have divided it would have resulted in two tall, thin volumes, altogether too thin to have given a good appearance in a library. In the very nature of things there would have been an expense of from two to three dollars more had the book been made a two-volume work, a matter of no little moment to the medical student and general practitioner. It is not unlikely that from this work will grow a two-volume book in the near future; but the fact that the present edition is a large volume is not to my mind a point deserving of serious attention. The question should be, "What does the volume contain?" rather than "What is its size?"

The next objection I note is to the use of the word, "Genera" in connection with the classification of special abscesses. This objection is well taken; the word is out of place in this relation, but it is so insignificant an objection that I do not know why it was considered deserving of attention.

Reference is made to the illustration of Allis' ether inhaler in the chapter on chloroform, attention being also called to the fact that at the bottom of the page the admonition is given "Never administer chloroform from an ether inhaler." Without this admonition there might be objection to illustrating an ether inhaler on a page devoted to the consideration of chloroform; but it seems to me that when such a positive admonition is given, supplemented by a cut of the inhaler admonished against any objection that might obtain to the cut of the ether inhaler at this place yields to the emphasis of the admonition. This criticism is hardly worthy of attention, except that it should go to convince the reader that your critic has split hairs.

Objection is taken to Plate *III* opposite page 153, and the statement is made that "A less creditable specimen of the lithographer's art can hardly be imagined." It is a curious coincidence that this criticism is made by a Boston reviewer and that the plate criticised was made by a Boston lithographer. The best of the color work of this volume, including Plate *III* was executed by Armstrong & Co. of the Riverside Press, of Cambridge, who did the excellent color work for Warren's Surgical Therapeutics and McClelland's Regional Anatomy, a house deserving and enjoying a high reputation and patronized by me because of that reputation. It is plain to be seen that the objection of the reviewer is to the illustration representing a malignant case of noma occurring in the Cook County Hospital, in this city. As a matter of fact, the lithographer gives a very correct representation of the case from the photograph of a child taken but a few hours before its death. The case was a horrible one, the photograph is a true likeness of it, and the lithographer has made a correct representation therefrom. Whatever of objection is to be taken to that figure should,

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therefore, be made against the child—which had no business to have such a malignant case of noma as is therein represented.

The confusion shown to exist in the index, in which various varieties of epilepsy and their treatment are made to appear under the heading of "Enemeta," is purely a typographical error, as might easily have been observed by the reviewer had he examined the column in which this error exists; for a few lines above the word "Enemeta" appears the word "Epilepsy," as a main heading for the index of that subject. It has simply been misplaced by the printer. It is an error which is regretted but which is absolutely of no moment, since reference to the subject of "Enemeta" will reveal that subject properly considered, while reference to the page indicating "Jacksonian," "traumatic," "varieties," and "treatment," will take the reader directly to the subject of Epilepsy and not to that of Enemeta. Here again it seems to me that the reviewer, instead of undertaking to find the meat which is in this volume, has devoted his time largely to a search for insignificant mistakes.

It is well understood throughout the profession that the subject of orificial surgery is not a favorite one in your section of the country, and I am not surprised that your reviewer should have taken opportunity to have criticised the part supplied for this volume by Professor Pratt. That some little confusion exists is shown by his quotations. But it should have been borne in mind that this is a new subject, and it is one in which the profession is deeply interested, as shown by the fact that several hundred of our physicians and surgeons are giving it serious consideration at this time, and it is hardly likely that Professor Pratt and his colleagues have been able up to the present moment to develop an exact science of orificialism and to avoid contradictions and confusion in every instance. It is not for me to explain this seeming inconsistency. I frankly acknowledge that an inconsistency appears, and shall leave it to Professor Pratt to explain it away in his journal or in subsequent editions of the book. I deem it proper, however, to call attention to the fact that the new Surgery is the only book before the profession in which his work is exemplified. That there may be some chaff in it may be true; but that each member of the profession should determine for himself just what good it contains and just what of doubtful utility or actual disadvantage is my conscientious belief. I am quite firm in my conviction that the profession is fully able to settle these vexed problems and that they will do so as they become acquainted with the orificial work.

But are there no special merits to be found in the new

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volume? Your critic very properly assumes that "Such names as Helmuth, Macdonald, Shears, Van Lennep and Wilcox give assurance that the volume must contain material carefully prepared, and rich in experience and helpful suggestions." He assumes that a future edition is "sure soon to be called for." He is, also, perfectly fair when he suggests that "The book represents an immense amount of painstaking and well directed work on the part of the editors and contributors;" and this statement is true to a degree that is hardly comprehended, I think, by the profession at large. When it is remembered that the corps of authors are all very busy men, many of them engaged in college work and large private and hospital practices, and many of them being called upon from time to time to contribute to the journals and associations, it will be admitted, I think, that it shows a degree of loyalty to the interests of homœopathy, that is highly commendable, that they should take the time to perform the labor necessary to the preparation of their respective sections for a mammoth volume on Surgery. I am glad your critic has seen fit to refer to the fact that this book represents an immense amount of painstaking and well directed work on the part of the editors and contributors, and it seems a pity that he should have spent so great a portion of the space given to his review in noting a few trifling defects instead of having carefully analyzed the merits of some of the individual parts which are the result of that work.

This book contains the best section on surgery of the head and brain by Van Lennep, of Philadelphia, that to-day adorns a single volume on Surgery. The part covers nearly seventy-five pages, dealing in surgery of the scalp, skull and brain and more clearly developing the subject of neurology in connection with surgery than any contribution to surgical literature of which I have knowledge. As with everything which Professor Van Lennep writes it is clearly and tersely written and practical to the last degree.

Helmuth's section on tumors stands out boldly as the best consideration of that subject given in any recent surgical volume. Its classifications and the detailed descriptions of the various types of morbid growths are so plain that he who runs may read. It is a noteworthy fact that the beautiful color plates illustrative of the pathology of tumors are also the work of the Riverside Press. They represent thirty-six subjects and have no equal in the surgical literature of these closing years of the nineteenth century. It is also worthy of note that these illustrations, as well as those so beautifully illustrating lymph-node tuberculosis and the pathology of appendicitis, on Plate *I*, are the individual work of a homœopathic pathologist and artist, Laidlaw, of New York, who made these drawings from

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original specimens taken from Helmuth's clinics and put them through the various steps necessary to reproduction in color, thus giving us an unusually excellent series of pathological lithographs without compelling us to resort to the literature of the old school profession. This has wholly escaped the attention of your critic, and yet it is a fact upon which we cannot dwell too strongly. It is indeed a happy moment for the homœopathic profession when it is absolved from the necessity of relying upon an alien profession for its microscopy, bacteriology, pathology and surgery.

The surgery of the digestive system is treated by Green of Little Rock in a most exhaustive and satisfactory manner, his section covering one hundred and forty pages and being liberally illustrated by drawings made under his own direction. Macdonald has been thorough in all the excellent parts of the volume contributed by him, and his surgical editing of the book has brought it to an unusually high state of perfection. Bishop of New York has given us the most practical section on fractures and dislocations to be found in recent surgical literature, and has illustrated it by a large number of original and especially practical illustrations taken from the clinics of the New York Homœopathic Hospital and from the pathological room connected with the New York College. Wilcox's section on orthopedics is comprehensive, even voluminous, and if anything too liberally illustrated. Shears' sections on hernia and surgery of the breast, both of which are liberally illustrated in color and by half-tones and zinc etchings, are essentially practical and sufficiently comprehensive to satisfy the demands of a single volume text-book, while his colleague, Chislett, has supplied in this volume the first practical consideration of the subject of surgical bacteriology which has yet been given the homœopathic profession; a section which has even excited the admiration and approval of some of our foreign journals.

I have already mentioned the fact that this new book contains Pratt's surgical work. Careful examination of his section will reveal that no matter how the subjects of orificial surgery, pockets, papillæ and anal dilatation may be viewed by the profession, there is an amount of practical surgical knowledge outlined in that section which no surgeon, no matter what his predilections or prejudices may be, can afford to ignore. Wipe out all Prattism that appears in the section if you will, and there will still be found in his considerations of repair of the perineum, his treatment of hemorrhoids and his surgery of the vagina and uterus a degree of merit which cannot be ignored.

Of the section on surgery of the uterus it is but necessary to suggest that it is the contribution of that most excellent gynæcologist, Lee, of Rochester, and that it is superbly illus-

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trated by color plates and pathological specimens furnished by the author directly from the Rochester Homœopathic Hospital.

Emerson represents New England in the book, and while his part is not one of the most essential it is of great importance. "Surgical Technique" is the subject considered by him, and even our Boston critic must admit that it is handled in a masterly manner.

It would take altogether too much of your space for me to attempt to review all the sections of new surgery as they deserve to be reviewed. I presume that could you have given your critic a larger amount of space he might have found more of merit in the volume than he has found errors of trifling moment to criticise. It seems strange that in the present efforts of a few of our profession to build for homœopathy a distinctive and creditable literature they should find a disposition on the part of book reviewers to be rigidly severe, even captiously critical. The volume considered represents the surgical work of twenty-five as good men and true as adorn the surgical profession of any school of practice, and contains a great deal of surgical knowledge supported by a liberal amount of homœopathic therapeutics. We are not all as learned as Lister, Martin, Tait, Bull, Senn and some other old school surgeons whose names might be mentioned, but taking us for our all in all this corps represents at least a dozen as competent and talented surgeons as can be chosen from the opposing profession, the rest of us representing a degree of talent which has been recognized in our respective localities as of more than a fair order. In several instances it was only by the most earnest efforts upon the part of the originator of the volume that the contributors were induced to lend their aid to the work of preparing for homœopathy a creditable text-book on Surgery. Their hands should be upheld; their good work should be commended; whatever of inferiority is contained in their volume should, it seems to me, be treated with that degree of consideration that it deserves and no more. It certainly should not be emphasized and the pure gold ignored. It cannot but be discouraging to authors and publishers to see critics hunting out, as with a microscope, trifling flaws and dwelling largely upon these, overlooking, the while, the meritorious suggestions and practical values contained in their production.

I have no charity to ask for this book. The flattering reception it is meeting at the hands of the profession at large, whereby at least one-half of the first edition has been exhausted within three months of the date of the appearance of the first volume, is a clear demonstration of the fact that the homœopathic profession is ready for a new text-book of surgery by a

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corps of homœopathic authors and shows, also, that such trifling objections as have been noted in the review appearing in the *Gazette* are not held by the profession to be of consideration as against the merits to be found in the volume from cover to cover.

To summarize, "The Homœopathic Text-Book of Surgery" is a royal octavo book of sixteen hundred and fifty reading pages, printed on an excellent quality of paper, on type purchased especially for it and which has not been used on any other work, illustrated by sixty-four full page plates, twenty-three of which are in color, embracing an unusually clear and practical set of plates illustrating the ligation of arteries, together with eleven hundred and twenty-nine illustrations in the text, the entire volume, from page one to page sixteen hundred and fifty, being the product of homœopathy's own surgeons and in no sort of sense a compilation from the literature of the opposing profession. The illustrations are in large part original and practical. They have been gathered from scores of sources, from one part of the country to another, and with the exception of standard figures which belong alike to all surgical text-books, have been secured from members of the homœopathic school. The book contains a liberal exemplification of homœopathic therapeutics wherever the editors and authors have thought it proper to apply these to the conditions under consideration. Amputations and capital surgical operations have not been ascribed to them, nor the setting of fractures nor the reduction of dislocations. It is not held that the new volume is in every sense a perfect work, but it is proclaimed without qualification that it stands to-day without a superior as a single volume text-book on modern surgery; and the fact that it is the joint production of our own Helmuth, Van Lennep, Macdonald, Pratt, Walton, Shears, Emerson, Green and seventeen other surgical writers, whose names and subjects are given in the book, should make it deserving of the most favorable consideration. I speak as an editor and surgeon-author rather than as a publisher when I proclaim it to be my conviction that loyalty to homœopathic literature and loyalty to homœopathy's surgeons and a reasonable adherence and devotion to the cause represented in this volume should secure for it a place in the library of every homœopathic physician and student.

Chicago, May 20, 1896. C. E. FISHER.

A CENSUS of centenarians has been taken in France, and the results, which have been published, show that there are now alive in that country two hundred and thirteen persons who are over one hundred years old. Of these one hundred and forty-seven are women. — *Ex.*

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

WHAT HOMŒOPATHY SAID LONG AGO.

What homœopathy said long ago, "rational" medicine is, even more frequently and more positively as time goes on, repeating as fact by itself discovered. A late and interesting illustration of this, is found in a plea, by Dr. Frank W. Root of Kent, Ohio, for the "True, Medicinal, Curative Dose of Sulphate of Morphine," published in a late number of the *New York Medical Journal.*

The article is an argument in favor of using much smaller doses of morphine than are customarily administered. The writer for twenty years made use of the ordinary dose, "rarely diminishing, often greatly increasing its size." . . . For five years past, however, he has been using small doses with entirely satisfactory results. The dose he now makes use of is $^1/_{320}$ of a grain repeated as often as necessary. Concerning its effects, he says:—

"Since so employing this drug I have found it the most sovereign remedy for controlling the attacks of megrim headache and for arresting the diarrhœa, colicky pains, and nervous irritability of intestinal catarrh, whether due to cholera infantum or catarrh of the bowel as a sequel of *la grippe* in the adult.

"In cholera infantum, four or five doses during a forenoon—equal to one eightieth or one sixty-fourth of a grain —and a like amount given in the afternoon, associated with proper dietary and withholding of all milk, at once give the physician the control of the disease."

* * * *

"In controlling the restlessness and excited state of the brain in *mania a potu* and inducing sleep in these patients, or in its power to sustain the brain until sleep comes to the relief of the patient, nothing in the armamentarium of remedies is so helpful as this drug in doses of these sizes. In these cases its anæsthetic effect may be increased by giving chloral hydrate in fairly sized doses from time to time; but keep the morphine solution by itself, that you may increase or diminish it at your pleasure, remembering that overdoses

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of this drug are too often followed by effusion into the ventricles, with resulting brain paralysis.

"In preventing the after-pains of labor, I begin giving the remedy as soon after the completion of labor as possible. This at once imparts a stimulating, revivifying, soothing effect that is most grateful to the patient."

* * * *

"In cases of uterine inertia following protracted or fatiguing labor associated with that general feeling of muscular soreness and exhaustion, a few of these one three-hundred-and-twentieth-grain doses of the solution will so rest and strengthen the patient by stimulating vaso-motor centres and unloading the overdistended venous vessels of the muscular tissues of the uterus that it grants the patient a most refreshing period of rest, in which all her nervous forces are marvellously recuperated, often bringing about a speedy termination of labor that would, but for the drug's effect, have lasted hours and possibly have necessitated instrumental assistance.

"In croupous pneumonia these doses—four, six, or eight daily—through the first few days, before the system has accommodated itself to the elevated temperature, assist the accommodation, lessen tissue metamorphosis, tend to prevent the formation of bodily leucomaines and ptomaines, and are sustaining and comforting to the patient.

"In assisting the reaction of the patient after severe injuries, the administering of these apparently small doses by the stomach, or hypodermically where vomiting is present, will be found much better than the giving of the heavy paralyzing hypodermic that is so generally employed, and which is followed by vital depression and perverted or retarded cellular function at the seat of injury, whose normal healthful action is so needful for the quick repair of the injured tissues.

"But it is in the case of the marasmic, tabetic child, or the adult with ulceration of bowel in the terminal stage of long, wasting, hectic affections, that this drug in doses of these sizes proves the most effective palliative, controlling the frequency of the discharges, arresting the colicky spasms of the intestine, the painful tenesmus, greatly diminishing the painful reflex excitations without exciting increase of peristaltic action.

"In all cases of biliary or nephritic colic, by all means try the effect of a few of these small doses before resorting to the usual hypodermic injections."

* * * *

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"From testing the effect of morphine in these small doses one will be soon satisfied that the motor centres that preside over the non-striated muscular fibres of the internal viscera are peculiarly sensitive to its action, that the usual one-sixth or one-eighth-of-a-grain doses excite strong convulsive muscular action in their tissues, while the desired happy soothing and anodyne effects can be obtained through the use of these truly medicinal one three-hundred-and-twentieth grain doses.

"Those who will make trial of the drug in this manner will feel that in the field of infantile and child sickness, and in the neurotic, hysterical, and painful visceral affections of the adult, almost a new remedy has come to the hand of the physician, one of more than anodyne and soporific worth, but one that is all that, with vastly additional disease-controlling power."

For even such sayings as these were "their brethren the prophets" reviled in the mart and forbidden the halls of council, by the sapient medicine men who to-day receive, as nuggets new-dug from Wisdom's mine, these truths anent the small dose, proclaimed by homœopathy, long ago!

EDITORIAL NOTES AND COMMENTS.

——:o:——

A Controversy of no Mean Proportions, between medical ethics and practical jurisprudence, is now being waged in the District of Columbia. As a more or less direct outcome of the now celebrated English "test-case" of Kitson vs. Playfair, there has lately been presented to the House of Representatives, with the unanimous approval of the House Committee, a bill "relating to the testimony of physicians in the courts of the District of Columbia." It provides that "in the courts of the District of Columbia no physician or surgeon shall be permitted, without the consent of the person afflicted, or of his legal representative, to disclose any confidential information which he shall have acquired in attending a patient in a professional capacity and which was necessary to enable him to act in that capacity, whether such information shall have been obtained from the patient or from his family or from the person or persons in charge of him: Provided, That this act shall not apply to evidence in criminal cases where the accused is charged with causing the death of or inflicting

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injuries upon a human being, and the disclosure shall be required in the interests of public justice."

Notwithstanding that the Attorney of the District of Columbia approves the bill as resting on a sound legal basis, and beneficial in probable effect, the six justices of the Supreme Court advise, in round, sonorous terms, the defeat of the bill. Their grounds for so doing, as lately reported *in extenso* by the Washington correspondent of the *Boston Transcript*, cannot fail to be of interest to all medical men, as not only outlining the attitude of a sister profession on a question very vital to medical ethics, but as embodying historical data of considerable significance. Here follows the opinion in question:

"The privilege extended to communications between legal adviser and client, at common law, was based upon public policy, and had direct reference to the administration of justice which required the aid of men skilled in jurisprudence, in the practice of the courts, and in those matters affecting rights and obligations which form the subject of all judicial proceedings. The reason for the rule was said to be that without it no man would dare consult a professional adviser with a view to his defence or to the enforcement of his rights. No such reason exists or applies as to communications made by patient to physician, and it clearly fails with reference to knowledge derived by the physician from observation. There is no occasion for the provision excluding information obtained from the family or others attending the patient, for the rule of evidence as excluding hearsay testimony accomplishes that.

"The enactment sought by this bill would be a serious obstruction to justice in contests over life insurance, personal injury from negligent or wilful act, wills, and others in which mental capacity is involved. In such cases, facts coming under the observation of the attending physician are generally of first importance, and in cases involving questions of mental capacity the opinion of the physician, based in whole or in part upon communications made to him by the patient, is frequently the most important evidence adduced. These objections are not obviated by placing such evidence within the power of 'the person afflicted, or of his legal representative' to permit or deny. It is not to be anticipated that such person will ever consent to the examination of a physician whose testimony is expected to be adverse to him, and the other party to the litigation, and the court as well, perhaps with full knowledge of the situation, would be powerless in such instances to require the truth to be shown."

The common law rule, which gave no privilege to physicians' discoveries, has been modified, they said, in only twenty states

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and territories. "Of these, New York is the only Atlantic coast state, and Arkansas the sole Southern state. The legislation is comparatively recent, and of the states adopting it all are quite young except those just mentioned and California, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Ohio and Wisconsin."

This last comment of the judges aroused the ire of the District Medical Society, who retorted by citing the dates of enactments in the several states and territories, showing that some of these laws go back as far as 1872, 1876, 1878 and 1879, and added:—

"If the averment of recency were true, how would such fact disprove or lessen the wisdom and justice of such laws? On the contrary, it would seem to establish the equity of such legislation, because in evidence of the progress of a higher civilization and broader conception of private rights and privileges. The progress of civilization has not been more clearly shown than in the many recent statutory modifications of and exemptions from legal traditions—than by such legislation in the states named, which has exempted twenty-seven million citizens of this country from such compulsory disclosures.

"The citation of one Atlantic coast and one Southern state is even more fallacious, and partakes of the nature of a derisive appeal to geographical, sectional, or local prejudices. New York is the largest, most populous and wealthiest of the original thirteen states. Why, then, may not her statute of exemption be accepted as testimony in support of the justice of such legislation; all the more strongly so because as yet there has been neither judicial nor popular remonstrance against such statutory protection of physicians from the compulsory disclosure of the confidential communications of her sick citizens? And, surely, Arkansas is old enough and her citizens are sufficiently advanced in civilization to know how best to protect her citizens in their private rights and privileges. So far, then, these two states may be cited as exemplars worthy of the emulation of other sister states still lagging in the tradition of the common law transmitted to us from English descent."

We venture the opinion that, as has not infrequently been the case in this very human world, while law speaks one word, justice speaks another. The duty of the physician to hold his bedside confidences as sacred as are held, by priests, the confidences of the confessional, appeals now, as it did in Hippocrates' day, to all those elements in a physician's make-up by virtue of which he is indeed a physician, as differentiated from a medical tradesman.

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EVEN IN RUSSIA THE WORLD MOVES! From a recent issue of the *Daily Lancet* we quote the following interesting facts, relative to women's progress in medicine in the dominions of the czar:—

"The plans and drawings of the Women's Medical Institute, the new Russian college for granting medical diplomas to women, are, says the *London Lancet*, completed. The building operations will begin next month, and it is hoped that they may be finished in time to open the new institution in August of next year. It has been liberally subsidized by government and by the municipality of St. Petersburg, and private subscriptions and donations have been neither few nor small. At present the whole capital amounts to about 600,000 roubles (nearly $320,000). But of this at least 450,000 or 475,000 roubles will be required for building and furnishing the institute. The late Professor Tchudnofski, whose recent death has created a vacancy in the chair of general therapeutics in the Army Medical Academy, has left to the Women's Medical Institute his entire medical library, containing over 4,000 volumes. The number of students who will be admitted to the courses at first has been fixed at 125. Already over 100 applications have been received.

A FLAGRANT INSTANCE OF TRADESMEN'S METHODS IN PROFESSIONAL LIFE is furnished by the sending, by a medical college presumably of good standing, of a circular, to a student already following the course in another medical school: said circular hinting the advantages that might accrue to said student, by a change of alma mater. Fortunately the student was sufficiently gifted with reasoning power to question the probable value of the medical training in a school where ethical training was so conspicuously absent from its methods. Following is the communication referred to:—

"Dear Madam:—If you will send us your address we will be pleased to send you a catalogue showing the advantages afforded students in our school. The opportunities offered for gynæcology and practical obstetrics, we believe, are unparalleled. Yours truly,

Assistant Secretary."

In professional dignity, this procedure on the part of the would-be-moulders of future physicians, is interestingly paralleled by that of a physician, long since graduate, who sent to a lady of whose approaching confinement he had learned through friends, a letter expressing his cordial willingness to care for her through the ordeal in question and modestly extolling his fitness to do so.

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Such methods of "drumming up trade" were more fittingly left, alike by medical men and medical colleges, to their natural habitat, namely: the second-hand clothing emporiums of Boston's "north end," or the "east side" of New York!

A VERY JOLLY OUTING, and one which we heartily commend to those who appreciate how blessed a thing, in warm weather, is an absence of starch, and in the search for a good time an absence of formality, is offered to the homœopathic profession, in connection with the forthcoming International Congress, by that indefatigable worker for the profession's good and pleasure, Dr. Frank Kraft. The following circular speaks most invitingly for itself:—

"*Dear Friend,*—Do you want to go to London quickly and cheaply?

"The *American Homoeopathist* has arranged to take a select private party of ladies and gentlemen to London, sailing July 25th, to attend the International Homœopathic Congress.

"The cost of this trip will be as follows: From Detroit to London, and return to Detroit, $90. From Cleveland to London, and return to Cleveland, $92. From Buffalo to London, and return to Buffalo, $85. And so in decreasing proportion as we approach the point of sailing. This includes railway fare to the point of sailing, ocean fare, and railway fare from Liverpool to London, and return to point of starting.

"This is to be a popular, hard-times outing for hard-worked and not over-paid professional people. A lot of jolly folks out for a jolly time and at moderate expense. No full-dress affair. No purple and fine linen. No trunks. Nothing but a valise or two. Wearing comfortable clothing. Also paper collars and cuffs if we want to. Skipping costly hotels. Eating and drinking (principally the former) when and where and as much or as little as we like or can pay for.

"The sailing is along a route not commonly selected by American tourists. It is, however, bright with attractive features both on land and sea. The actual ocean voyage is cut down to about five days.

"By going with us you will be with friends. You will not need to be nervous. You will not be a stranger in a strange land. You will not have to deal with unknown and indifferent steamship companies and their local agents. You will deal directly with the editor of the *American Homoeopathist*, who will be of the party. Before you leave home you will know exactly the location of your berth, the amount of clothes and money, etc., to take with you.

"Board and bed can be had abroad for $1 a day and upwards. Arrangements are now pending for special hotel and

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furnished room rates in Liverpool, London and Paris for this party.

"Write quickly for particulars (enclosing stamp), as the number of berths for this party has already been agreed upon, and no more are to be had on this steamship.

"Address, THE AMERICAN HOMŒOPATHIST,
"57 Bell Avenue, Cleveland, Ohio."

SOCIETIES.

—:o:—

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. FIFTY-SIXTH ANNUAL MEETING.

The meeting was called to order at Steinert Hall, Boston, Wednesday, April 8, 1896, at 10 o'clock A. M., by the president, Edward P. Colby, M. D.

After the reading and approval of the records of the last meeting, the reports of the treasurer and auditor were received and accepted.

Dr. Frederick A. Warner, necrologist, presented interesting biographical sketches of the late Dr. D. B. Whittier and the late Dr. Lewis Whiting, which were supplemented by eulogistic remarks on Doctor Whitney, by Dr. N. R. Morse.

The following candidates were then elected to membership, having been approved by the Board of Censors and recommended by the Executive Committee: S. B. Elliot, M. D., Boston; Edwin A. Knight, M. D., West Newton; Florence N. Robinson, M. D., Lawrence; John Dike, M. D., Melrose; Annie Louise Farrington, M. D., Cambridge; Edgar P. Fisher, M. D., Winchester; Horace M. Paine, M. D., West Newton.

At 10.30 o'clock A. M. the president appointed Doctors French and Wood as tellers, and declared the polls open for the election of officers for the ensuing year.

Report of the Committee on Clinical Medicine. Walter Wesselhoeft, M. D., Chairman.

I. Some Anatomical Anomalies of the Heart, John P. Sutherland, M. D.

II. Angina Pectoris, J. P. Rand, M. D.

III. Report of Autopsy of Case of Septic Endocarditis, F. P. Batchelder, M. D.

IV. A Case of Septic Endocarditis, with Clinical Remarks, Walter Wesselhoeft, M. D.

Discussion. Dr. N. R. Morse could not fully endorse Doctor

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Rand's treatment of angina pectoris. Feels that much care should be taken not to alarm the patient during an attack. Believes that much may be done by the indicated remedy which may be acon., spigelia, bromine. Amyl nit. may sometimes relieve. Does not think tobacco will cause angina pectoris but would not advise its use by those subject to this affection.

Doctor Sherman was reminded by the discussion of the case of our late colleague, Dr. L. D. Packard, where amyl nit. was used without result. Believes that tobacco should not be used by patients with heart disease.

Doctor Eaton believed fully in the favorable influence of remedies on valvular heart disease and reported a case of mitral regurgitation supposed to have existed for fifteen years, in which the physical signs disappeared entirely after two months' use of remedies. The principal remedies used were kal. lat., laurocerasus, and naja.

Report of Committee on Obstetrics. Geo. H. Earl, M. D., Chairman.

Subject, Puerperal Infection.

I. Varieties, Symptoms and Causes, Emma J. Peasley, M. D.

II. Therapeutics, John J. Shaw, M. D.

III. Surgical Treatment, H. E. Spalding, M. D.

IV. General Treatment, with Report of Cases, Geo. H. Earl, M. D.

Discussion. Doctor Morse has found arsen. alb. a most excellent remedy in puerperal septicæmia.

Dr. Mary Morey Pearson spoke of the advantages to be derived from the use of the finger as a curette.

Adjourned at 1 P. M. for luncheon at Hotel Thorndike.

The meeting having again been called to order the president's address was delivered by Edward P. Colby, M. D., and was an extremely able and thoughtful essay, touching upon many points of vital importance to the cause of homœopathy in New England, and containing valuable recommendations.

After some discussion it was voted that if deemed advisable by the executive committee, the next semi-annual meeting should be held at Worcester.

The special commission, appointed by the executive committee, to investigate the adverse criticisms of the State Board of Lunacy and Charity upon the Westborough Insane Hospital then presented, through Dr. John P. Sutherland, a lengthy report embodying the results of their investigations, as proving conclusively that the statements made by the State Board in its last Annual Report have no foundation in fact; on the con-

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trary the special commission finds every reason to most heartily endorse the institution and its management.

This report gave rise to considerable spirited discussion of the methods of the State Board of Lunacy and Charity, many members expressing in emphatic terms their indignation and disgust at such prejudice and incompetency as is constantly exhibited by said Board.

It was finally voted that future action in regard to the matter be left entirely to the discretion of the executive committee.

Report of Committee on Diseases of Children. N. R. Perkins, M. D., Chairman.

I. A Case Simulating Acute General Tuberculosis, with Secondary Meningitis, N. L. Damon, M. D. Discussion opened by F. A. Gardner, M. D.

II. The Necessity for the Early Examination of the Eyes of School Children, A. E. Perkins, M. D. Discussion opened by G. A. Suffa, M. D.

III. A Case, N. R. Perkins, M. D.

As a result of the ballot, the tellers announced the election of the following officers: President, Frederick B. Percy, M. D.; vice-presidents, H. P. Bellows, M. D., N. W. Rand, M. D.; corresponding secretary, J. Wilkinson Clapp, M. D.; recording secretary, Frank C. Richardson, M. D.; treasurer, H. C. Clapp, M. D.; librarian, Samuel Calderwood, M. D.; censors, Conrad Wesselhoeft, M. D., Alonzo Boothby, M. D., E. P. Colby, M. D., N. Emmons Paine, M. D., Horace Packard, M. D.

Report of Committee on Insanity and Nervous Diseases. James F. Bothfeld, M. D., Chairman.

I. A Report of Three Unusual Cases of Nervous Disease, together with Remarks on their Clinical Management, James R. Cocke, M. D.

II. Modern Care of the Insane, Ellen L. Keith, M. D.

III. Curability of Insanity, George S. Adams, M. D. Discussion opened by N. Emmons Paine, M. D.

IV. A Case of Myxœdema, Edith C. Varney, M. D.

V. The Importance of Early Diagnosis of General Paresis, James F. Bothfeld, M. D.

Discussion. Dr. N. Emmons Paine described the method of committing insane patients to the various hospitals of the State. Claims emphatically that the remarkable superiority of the results obtained at Westborough is due to medication and the use of the rest-cure.

Adjourned.

FRANK C. RICHARDSON,
Secretary.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY. REGULAR MEETING.

The regular meeting of the Boston Homœopathic Medical Society was held at the college building, East Concord Street, Thursday evening, June 4, 1896, President W. J. Winn, M. D., in the chair.

By vote of the society the reading of the records of the last meeting was omitted.

The following physicians were proposed for membership: Charles E. Montague and Carroll C. Burpee, of Boston.

After the reading of the correspondence between the secretary and the member of the society whose case for the sale of a patent medicine was under consideration, Dr. H. A. Houghton made a motion that the explanation offered by the member in question be accepted and the matter dropped. Seconded and carried.

Scientific Session.

Dr. Horace Packard presented an ectopic gestation sac, removed from a patient with the following history. A woman twenty-eight years of age had been married eleven months. Her last menstrual period was on March 11. On the thirteenth of May she had a severe attack of pain in the abdomen, with collapse. A fainting fit occurred on the twenty-ninth, and the thirtieth she had a severe collapse. It was during this last attack that she was seen by Doctor Packard and conveyed to the hospital, where a laparotomy was made in the afternoon of that day. The left tube was found with an enlargement midway of its course (the site of the tubal pregnancy), and had ruptured into the abdominal cavity. The hemorrhage had kept on slowly after rupture, and the patient was very much exsanguinated. The abdomen was found full of clots and free blood. The tube was ligated and removed. During the operation the patient collapsed, and it was found necessary to inject three pints of saline solution into the vein at the flexure of the elbow. In a few moments the pallor began to give place to a pink color and the pulse became full and fairly strong. To-day six days after the operation, her convalescence is well established.

Dr. Henry Spalding presented a new device for douching the rectum.

Section of Diseases of Children.

Sarah S. Windsor, chairman; H. C. Hallowell, secretary; A. D. Hines, treasurer.

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Programme.

I. "Microscopical Technique of Sputum Examination," by Mr. F. F. Strong, Boston.

Mr. Strong spoke first of the X rays, illustrating the apparatus and the process of photographing, showing the Geisler and Crookes tubes. He showed a centrifuge for urinary and sputum examinations, and concluded by giving the method for staining tubercle bacilli.

In the discussion of this paper Doctor Colby spoke of the necessity, as suggested by Mr. Strong, of examining several slides of sputum, as it sometimes happens that no bacilli are found in the first few covers examined, yet may be found if five or seven slides are examined.

The second paper entitled, "The Treatment of Tuberculous Children," by Kate G. Mudge, of Salem, called forth considerable discussion.

Dr. Earl said, in speaking especially of tuberculosis of the joints, that these cases rarely go badly if proper treatment is resorted to early. The parts should be put at rest, and motion prevented. Recovery in a child in the early stages can be reasonably assured.

Dr. F. A. Gardner asked if any member of the society had had experience with Aseptolin.

Dr. J. Emmons Briggs cited a case where he had used it in a young lady twenty-six years of age, who was far advanced in pulmonary phthisis. Practically the whole of one lung and the apex of the other was affected. She had night sweats, progressive emaciation, persistent cough, pyrexia, and was in every respect an unpromising case.

Treatment with Edson's Aseptolin was commenced on Feb. 17, 1896, when fifty minims were injected into the abdominal wall. This dose was increased ten minims daily, until 100 were given. This treatment was continued about six weeks. During the last month from 100 to 150 minims were administered daily. Besides the injections the solutions of phenol and iodoform and ether were given as directed by Doctor Edson. Doctor Briggs was unable to see that the treatment produced any effect upon the progress of the disease, yet would feel like giving it another trial should a more favorable case present itself.

Dr. W. T. Hopkins had treated a case well advanced which continued to progress and died three weeks after treatment was stopped. He used Aseptolin three or four weeks, during which time the urine showed no trace of albumin. He spoke of a certain sanitarium where they had given Aseptolin a trial, and claim that the course of the disease is hastened by its use.

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Doctor Gardner has tried it on many cases and does not consider that the results obtained have been flattering. Thinks he has seen the temperature fall after the injection of Aseptolin. In one case of an open tubercular ulcer of the knee, this treatment internally, combined with local external treatment led to healing of the wound. A case of lupus of the face, had been cured.

Owing to the absence of Dr. H. C. Clapp his paper, entitled "The Recognition of Tubuculosis in Children," was omitted.

A committee composed of George H. Earl, Mary E. Mosher and Helen S. Childs, was appointed to make nominations for officers of the Section of Diseases of Children for the following year. They reported Lucy Appleton, M. D., chairman; George B. Rice, M. D., secretary; C. Y. Wentworth, M. D., treasurer, who were duly elected.

The society then adjourned to partake of refreshments.

J. EMMONS BRIGGS,
Secretary.

NOTE: During July August and September no meetings of the Society will be held. At the next regular meeting, October 1, 1896, the section of Electro-Therapeutics will report.

ALUMNI ASSOCIATION, BOSTON UNIVERSITY SCHOOL OF MEDICINE.

The annual meeting of the Alumni Association, Boston University School of Medicine was held June 2 at the Dispensary, Harrison Avenue. A clinic in nervous diseases was held previous to the meeting by Professors Colby and Richardson, and was largely attended.

Dr. George H. Earl, president, called the meeting to order promptly at 1 P. M., twenty-four members being present. Records of regular and special meetings and the treasurer's report were submitted and approved.

The following officers were elected for the ensuing year: President, Prof. John A. Rockwell; first vice-president, Dr. Ellen L. Keith; second vice-president, Fred L. Emerson; secretary, Charles H. Thomas; assistant secretary, Winthrop T. Talbot; treasurer, A. H. Powers.

The retiring president, Dr. George H. Earl, was elected a delegate to the American Institute.

A committee consisting of Drs. S. Calderwood, A. H. Powers and Professor John A. Rockwell, was appointed to confer with the trustees of Boston University regarding further representation from the Medical Department on the Board of Trustees, and to request that in the event of a vacancy occurring, a

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medical alumnus, who has received a nomination by convocation ballot, be appointed to said vacancy.

Dr. A. J. Baker-Flint, was the nominee from the association for trustee in accordance with the convocation ballot, Dr. Herbert A. Chase, second choice.

The annual banquet of the Alumni Association, conjointly with that of the faculty to the graduating class, was held at the Brunswick in the evening, and was a pleasant success in every particular, over one hundred being present.

Dr. Frank C. Richardson was introduced by President Earl as toastmaster and in that exacting position gracefully acquitted himself to the satisfaction of all.

Toasts were responded to as follows:

"Our Alma Mater," Dr. I. T. Talbot; "Her Youngest Child, Class of '96," E. E. Allen, '96; "The Old Welcomes the New," Dr. F. L. Newton, '84; "The Faculty," Dr. J. Heber Smith; "Our Women," Dr. E. B. Hooker, '77; "Our Men," Dr. Clara E. Gary, '85; "College Days," Winfield S. Smith, '83. The meeting closed with the singing of "Auld Lang Syne."

Thanks are due to Drs. Nelson M. Wood, '93, Frank E. Allard, '92 and Mary S. Hornby, '95, the committee of arrangements, who so ably attended to the duties incident to the most enjoyable meeting ever held by the Association.

C. H. Thomas, M. D.,
Secretary.

INTERNATIONAL HOMŒOPATHIC CONGRESS—1896.

The fifth quinquennial gathering of the International Homœopathic Congress will take place in London during the week August 3–8, 1896,—the previous meetings having been held in Philadelphia, U. S. A., in 1876; in London, England, in 1881; in Basle, Switzerland, in 1886; and in Atlantic City, U. S. A., in 1891.

This assembly will be open to all practitioners of medicine qualified to practise in their own country. Those who desire to become members of the Congress should enter on its register, with which one of the secretaries will always attend, their names, addresses and qualifications. They will then receive a card of membership, which will admit them on all occasions, and they will be at liberty to introduce visitors at their discretion.

The general meetings will be held in the afternoons of the Tuesday, Wednesday, Thursday and Friday, at the Queen's Hall, Langham Place, between the hours of 2.30 and 5.30 P. M. Supplementary meetings for the further discussion of the topics of the preceding afternoons will be held at the London Homœopathic Hospital, Great Ormond Street (the board room of which has been kindly lent for the purpose), from 10 A. M. to 1 P. M. Any of the latter time not engaged for the subjects specified in the programme can be occupied by meetings for special purposes, as may be arranged among the members themselves. On the Saturday a business meeting will be held at the Hospital at 2 P. M.

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No papers will be read at the public meetings. The accepted essays are being printed, and will be supplied to all who desire to take part in the debates on their subject matter. They will be presented at the meetings, singly or in groups, according to their contents,—a brief analysis of each being given from the chair; and the points on which they treat will then be thrown open for discussion, after appointed openers have been heard. Such openers will be allowed fifteen minutes, and subsequent speakers ten minutes, for their remarks; the authors of the essays discussed, if present, having the opportunity of saying the last word before the subject is dismissed.

It is intended that about an hour shall be allotted to each discussion, but the exact time will be left to the discretion of the chair, or of the meeting.

The discussions will ordinarily be conducted in English; but any member desiring to speak in another language shall be at liberty to do so. He shall, however, either obtain an interpreter, or, on rising, hand to the presiding officer a *précis* in English of the remarks he purposes to make, which, at the conclusion of his speech, shall be communicated to the meeting.

ORDER OF BUSINESS.

Tuesday, August 4. — *Afternoon.*

Address of the President.

Presentation of Reports from the different Countries of the World as to the History of Homœopathy during the last five years, and its present state therein.

Austria-Hungary, Dr. Kafka, Carlsbad; Belgium, Dr. Schepens, Antwerp; Denmark, Dr. Hansen, Copenhagen; France, Dr. Cartier, Paris; Germany, Dr. Kröner, Potsdam; Great Britain, Dr. Goldsbrough, London; Australia, Dr. Ray, Melbourne; Canada, Dr. Logan, Ottawa; India, Dr. Sircar, Calcutta; New Zealand, Dr. Lamb, Dunedin; Holland, Dr. Borne, Amsterdam; Italy, Dr. Bonino, Turin; Portugal, M. Vancueilloz, Oporto; Russia, Dr. Brasol, St. Petersburgh; Switzerland, Dr. Batault, Geneva; United States, Dr. Kraft, Cleveland.

Discussion: On the Condition and Prospects of Homœopathy at the present time, and the best means of furthering its cause.*

Wednesday, August 5. — *Forenoon.*

1. Essays for discussion: Homœopathic Literature, its State and Needs, Dr. Dyce Brown, London; Dr. Bradford, Philadelphia. Subject for discussion: How shall we Improve and Complete our Literature?

2. Essays for discussion: The *à priori* argument for the Law of Similars, Dr. Robert Walter, Wernersville, Penn.; Some Reasons for a Belief in Homœopathy, Dr. Walter Sands Mills, Stamford, Conn. Subject for discussion: The Reasonableness of Homœopathy.

Afternoon.

1. Essays for discussion: Drug Selection by Sequence of Symptoms, Dr. Ord, Bournemouth; "Can we prescribe homœopathically with more success by taking strict account of the pathological condition in our patient?" Dr. J. M. Schley, New York. Subject for discussion: The Selection of the Remedy.

2. Essay for discussion: The Place of Animal Extracts in Homœopathy, Dr. Clarke, London. Subject for discussion: Ibid.

3. Essay for discussion: The Pathogenesy and Therapeutics of Aurum, Dr. Washington Epps, London. Subject for discussion: Ibid.

* The names of the appointed openers of each discussion will be announced from the chair, and posted in the hall of meeting, on the previous day.

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Thursday, August 6.— Forenoon.

1. Essay for discussion: Hahnemann's Doctrine of Chronic Diseases, Dr. Goldsbrough, London. Subject for discussion: Ibid.

2. Essay for discussion: A Posological Law, Dr. V. Léon Simon, Paris. Subject for discussion: Have we, here or elsewhere, a law of dose?

3. Essays for discussion: The Action of Mercury and Iodine in Syphilis, Dr. Hansen, Copenhagen; Intermittent Fever, Dr. P. C. Majumdar, Calcutta; The Action of Colchicum and other "Specifics," Dr. Hughes, Brighton. Subject for discussion: The Specifics of Traditional Medicine.

Afternoon.

1. Essays for discussion: The Clinical Value of Tuberculin, Dr. Cartier, Paris; The Value of Tuberculin in Purulent Pleurisy, Dr. B. Arnulphy, Chicago. Subject for discussion: Tuberculin and its Congeners.

2. Essay for discussion: The Treatment of Strumous Ophthalmia, Dr. Bushrod James, Philadelphia. Subject for discussion: Ibid.

3. Essays for discussion: Deafness, pathogenetically considered, Dr. Hayward, Birkenhead; On Certain Forms of Deafness and their Corresponding Remedies, Dr. Cooper, London. Subject for discussion: The Possibilities of Internal Medication in Deafness.

Friday, August 7.— Forenoon.

1. Essay for discussion: Aural Vertigo, Mr. Dudley Wright, London. Subject for discussion: Ibid.

2. Essay for discussion: On the Homœopathic Character and Action of Mineral Waters, Dr. Kranz-Busch, Wiesbaden. Subject for discussion: Ibid.

3. Essay for discussion: On Cutaneous Horns and their Treatment, Dr. Van den Berghe, Brussels. Subject for discussion: Ibid.

Afternoon.

1. Essay for discussion: Homœopathic Vulneraries, Dr. Gilchrist, Iowa City. Subject for discussion: Ibid.

2. Essay for discussion: Carcinoma of Uterus, Dr. James C. Wood, Cleveland. Subject for discussion: Ibid.

3. Amenorrhœa with Mental Disorder, Dr. Burford, London. Subject for discussion: Ibid.

Saturday, August 8.— Forenoon.

1. Essay for discussion: Purulent Collections in the Thorax, Dr. J. D. Hayward, Liverpool. Subject for discussion: Ibid.

2. Essay for discussion: Appendicitis: Its Medical and Surgical Treatment, Dr. Horace Packard, Boston, Mass. Subject for discussion: Ibid.

3. Oxy-Chloroformic Anæsthesia, Mr. T. G. H. Nicholson, Liverpool. Subject for discussion: Anæsthesia.

Afternoon.

Miscellaneous Business.

PRESIDENT'S RECEPTION.

On Monday, August 3, at 8.30 P. M., the president will hold a reception at the Queen's Hall. To this all attending the Congress are invited, with the ladies of their families; and it is especially desired that visitors from abroad should take this opportunity of becoming known to the officers and their colleagues in general. The secretaries will be present to enroll members and issue tickets. (Evening dress.)

Further Social Entertainments are in contemplation, and will be duly announced.

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REVIEWS AND NOTICES OF BOOKS.

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A HAND-BOOK ON THE DISEASES OF CHILDREN AND THEIR HOMŒOPATHIC TREATMENT. Illustrated. Pp. 905. By Charles E. Fisher, M. D.

This interesting volume is written from the standpoint of the practical physician; and no time is wasted in getting to the matter in hand. A happy medium has been reached in presenting the subjects; the information being neither so diffuse as to weary the reader nor so condensed as to make the book dry and uninteresting. The writer does not attempt to show such extensive laboratory results as do some of the writers of the other school and it is perhaps along this line that a lack might be felt in the use of the book by students. It is systematically arranged in sections making reference easy. The first section treats of the physiology and diseases of the new born; the second of general diseases; the third of infectious diseases; and the remaining sections take up the diseases of the different systems and organs. Special surgical diseases are then discussed, thus covering the whole field and in the main with excellent results.

In description, symptomatology and diagnosis, the work is evidently that of one thoroughly and practically familiar with his subject; but it is especially in the line of treatment that we welcome this addition to medical literature. The author believes in the homœopathic remedy and after an experience of some twenty-five years is firm in his belief that there is nothing else to be compared to the homœopathic rule, in the application of remedial agents to the diseases of children. And his instruction is so convincingly given that student and physician can readily seek success along the paths he has followed.

We are glad to welcome so readable and instructive a book to the important department of pediatrics. W.

HAND-BOOK FOR HOSPITALS. By Abby Howland Woolsey. Third edition, revised by Doctors Hitchcock, Wheelock and Wylie, committee. Issued by the State Charities Aid Association. Published by G. P. Putnam's Sons, New York.

This handbook, so-called, might wear a more pretentious title, since it covers so fully the question of hospital construction and management. Some of the matter was written before the era of the modern model hospitals, but the suggestions of that date are the realized facts of to-day, and show how thoroughly Miss Woolsey was acquainted with her subject.

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The plea for one, or at most two-storied hospital buildings, with abundant space, one acre to every fifty patients, and *quiet*, will be approved by every hospital superintendent of the large single building in the heart of the noisy cities. The reviewer feels that the modern, and we hope soon coming, hospital will have its own local paid staff, with plenty of space and consequent quiet, such as we now see in our well-regulated asylums for the insane, where their duties to the inmates will not be hampered by the demands of private practice. The chapters on the duties of the nurse and the comparison of the well-regulated with the ill-kept ward, are timely and to the point. The book ought to have a wide circulation among the laity as well as the profession. S.

IN LIPPINCOTT'S MAGAZINE for July, the complete novel is "A Judicial Error," by Marion Manville Pope. Jean Wright narrates briefly "An Old Story"—which is not a familiar or commonplace one at all—of the army. A Russian, who for obvious reasons withholds his name, writes forcibly on the "Decadence of Modern Russian Literature." His terrible array of facts shows clearly what might be expected, but has not been much thought of at this distance, the benumbing effect of despotism when vigorously exercised through a censorship of the press. Philadelphia: J. B. Lippincott Co.

PERSONAL AND NEWS ITEMS.

——:o:——

DR. MARY HERRICK BAYNUM, class of '85 B. U. S. of M., has removed from Boston to Dexter, Maine, where she will continue to practice.

DR. EMMA J. PEASLEY, class of '91 B. U. S. of M., has returned to Somerville, Mass., from Hyde Park, and located at No. 70 Central Street.

DR. H. L. HOUGHTON, a graduate of the Philadelphia Post Graduate School of Homœopathy, has recently located at Winchester, Mass.

DR. WM. G. C. CLARKE, B. U. S. of M., class of '95, has located at Winchester, Mass.

DR. HORACE PACKARD will be absent from Boston after July 6th, until about Sept. 15th. Special arrangements for temporary returns for consultation or operation may be made with Dr. F. P. Batchelder, 232 Massachusetts Avenue, Boston.

THE PRESENT YEAR being the 50th Anniversary of Dr. Guernsey's graduation in medicine, the Medical Board of the Metropolitan Hospital voted to celebrate the same by a dinner given on May 27th at the Union League Club, New York. The occasion was an exceedingly agreeable one, and a worthy and deserved tribute to one so widely known as an experienced and successful physician and an influential medical journalist.

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THE

NEW-ENGLAND MEDICAL GAZETTE.

No. 7. JULY, 1896. VOL. XXXI.

COMMUNICATIONS.

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*ANOTHER THEORY OF HOMŒOPATHY.**

BY W. BUIST PICKEN,

Author of "The Science of Homœopathy."

In the course of his presidential address to the British Homœopathic Society, on "Some Prolegomena to a Philosophy of Medicine," published in the January number of the Journal of the Society, Dr. Giles F. Goldsbrough offers for consideration a new theory of the action of homœopathic remedies.

As one who has made this subject a special study, and whose contributions to its literature have been received with marked attention both at home and abroad, I respond to Dr. Goldsbrough's desire that his views should receive critical attention.

Impossible as it is now to summarize Dr. Goldsbrough's long and learned address, it is still necessary to restate as I proceed his *rationale* of the homœopathic law. At the outset Dr. Goldsbrough inquires why it is that the majority of the profession refuse to have anything to do with homeopathy. "What is the fundamental reason of this attitude," he asks, "apart from wilful ignorance or misrepresentation?" And this is his answer: "The reason lies, as it seems to me, in the fact that as far as the current knowledge of physiology and pathology goes (and therapeutics are rationally based on these sciences), the homœopathic method or rule is ultra-rational, or ultra-scientific."

That the homœopathic method should *seem* to be ultra-rational to minds trained in the schools of scientific materialism, and accustomed to study the operation of drugs exclusively in their crude, positive action, is only what might in the circumstances be expected. Obviously, to those who know the truth of the homœopathic law, the current knowledge of physiology and pathology must go much further

*From proof-sheets kindly forwarded by Dr. John H. Clarke, Editor of the "Homœopathic World."

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than it does, if therapeutics is to be rationally based and reared on these sciences.

That the homœopathic law is perfectly natural, strictly scientific, and wholly homogeneous to received general science, has before now been shown in these pages. Dr. Goldsbrough, however, evinces no knowledge of the contributions alluded to. "We have no law to explain the operation of the *simillimum*," he says, "in the sense that gravitation is law, or in the sense of Ohm's law of electricity, or Bell's law of the sensory and motor functions of the roots of spinal nerves." Would Dr. Goldsbrough object to add, "Or in the sense of Kirckhoff's law that 'a gas or vapour absorbs the precise rays which it can emit'"?

Finding that "the notion of the state of health for philosophical purposes must be set aside as inadequate for a fundamental distinguishing element in the knowledge of medicine," and that "the wider notion of life must take its place," Dr. Goldsbrough proceeds to inquire into the nature of life, and then to state his own theory of it, which is as follows: "In absolute dependence on the phenomena and laws of physics and chemistry, life is a mode of energy, *sui generis*, occurring simultaneously in the resting and active conditions. The law of the resting condition is the purpose of the active. The law of the active condition is that it increases itself by spending itself." On this "bio-dynamic law" is based the new theory of homœopathic therapeutics. The new theory of life itself is the old protoplasmic one, "plus the fact that life increases itself by its own activity." This addition to the old theory is pivotal to Dr. Goldsbrough's *rationale* of homœopathy, for which reason it is needful to notice his theory of life, *en passant.*

Arguing for an absolute self-contained reaction of protoplasm on its environment, Dr. Goldsbrough has a paragraph on the physiology of the cell, the first half of which I quote: —

"The cell is the first step in the process of organization. The cell wall or reticulum, when present, serves a double purpose. If any portion of protoplasm can display degrees of energy in its reaction on the environment, and can, by means of energy received from without, convert itself into a substance of greater density than itself and of different relative density to substances which constitute the environment, this substance will become a substance on which the protoplasm may depend, and against which it may react. This is an obvious truth, but it is the root-fact of all organization. In the formation of the cell wall or reticulum, even though it may result from some special influence of the environment, and death of some protoplasm substance, as long as it remains round or in contact with the cell, and is renewed by its activity, it becomes a means to the increase of its vitality. The formation of such a structure is an illustration of the law that life increases itself by spending itself. A careful note must be made of the fact that the cell wall or reticulum, or spongioplasm as it is termed, possesses in its inherent quality the merest shade of difference from the original protoplasm. Too much impor-

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tance cannot be laid on this difference. Its significance is more than can be sufficiently emphasized. In that shade of difference may be perceived not only the beginning of organization, but also *the foundation of all pathological conditions, and likewise the possibility of scientific therapeutics*" — Italics mine.

The significance of the "shade of difference" referred to is indeed more than can be sufficiently emphasized, for this difference is nothing less than the difference between positive and negative principles in protoplasmic substance — the difference between centripetal and centrifugal modes of energy, which operate here precisely as they do in the formation of the nucleus of a sun or a planet.

The wondrous developments of these primordial life forces are not results of a mere difference, but of the specific difference of universal correlatives. What Dr. Goldsbrough calls the resting condition of protoplasm is the condition of equilibrium of the centripetal and centrifugal principles within it; the active condition being of course the consequent to disturbance of this equilibrium. And as all organization is accomplished by the action and reaction of these primary principles upon one another, necessarily all physiological, pathological, and therapeutic action comes of interaction of the same principles. Physiological action is simply harmonious function, as pathological action is discordant function; and therapeutic action the resolution of this discord into harmony.

Now let it be clearly understood that, in general, resolution of physiological discord may be accomplished by diverse means. Therapeutics may be physiological, mechanical, chemical, electrical, magnetic, psychic — six orders of therapeutics, each of which has its special adaptations to pathological states, each its limitations, and all in varied degree their common applications, in virtue of the laws of the transformations of force and the conservation of energy, which again are due to the unitary nature of the infinite diversity of things.

Homœopathy belongs to the category of chemical therapeutics, of which it is the highest form, because the most spiritual; being centripetal in its own mode of motion, and centrifugal in its ultimation or reactive mode of motion as physiological harmony. This declaration may not be quite orthodox; but if it be true, its full recognition would strengthen, not weaken, the position of homœopathy as a saving power in the world.

Dr. Goldsbrough illustrates at some length the explanatory value of his theory of life by reference to facts relating to the movement of protoplasm, to the physiology of the cell, embryology and general physiology, and psychology. Considerations of space forbid any attempt at exhaustive reply to the argument from these illustrations. In regard to the physiology of the cell I have presented an extract, with critical remarks thereon. The movement of protoplasm itself has also been implicitly dealt with, although very slightly. Under the divisions of embryology I may notice the statement that "in viewing sex, philosophically, it may be said to be the extreme advan-

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tage of the effect of difference taken by life." On the contrary, it may safely be affirmed that sex, philosophically regarded, is the central attribute of the universe; all motion, all formation being derived from it. Instead of sex being "the extreme advantage of the effect of difference taken by life," sex is this difference itself, and is the source of all difference. It is owing to the modes of manifestation of what is called sex that we do not generally perceive its essential nature in those modes. Centripetal motion is the feminine mode of energy; centrifugal motion is the masculine mode of energy; and it is from the conjugations of these modes of energy that all known forms and forces come.

This criticism, being central and positive, relates more or less to Dr. Goldsbrough's entire philosophy of life and medicine. Unable, however, to make this explicit in the present article, I only point out a salient detail, at intervals, *en route*.

Under the division of general physiology we have the following exposition of pleasure and pain: —

"As sensation and movement are separate functions, they are transitions to and from a more or less intensity of life. Especially if they are pleasurable, they are transitions to and from a *more* intense life. If they are painful, they are transitions from a greater degree of intensity of life to a less. Neither pleasure nor pain as sensation could result if there were no special law of life. The one results from increase in itself, and the sensation of pleasure is part of the increase; the other results from decrease of itself, and is a part of the decrease."

Well, sensation is an element of life, and as such is susceptible of holding negative and positive relations, while "the special law of life" is the law of harmony. The element of sensation may become pain either in positive or negative states, according as either is so inharmoniously. Ordinary inflammatory pain is sensation in positive discord; it is a manifestation of inharmonious centrifugal motion; hence the characteristic association of specific eruptions and other peripheral phenomena with fevers and inflammations. Pain of this type is due to local excess of life, not to general diminution of it. Indeed, in typical cases where spontaneous decrease of pain does not come from restoration of harmony, it generally denotes decrease of life, graver disorder, perhaps death.

Pain of the opposite kind — contractive, crampy, moving in spasms — is sensation in negative discord; a manifestation of inharmonious centripetal motion, which is the explanation of its peculiar association with rapid disorganization, as in cholera, and in the case of certain poisons. Smallpox, the extreme of the positive pathological state, and cholera, the extreme of the negative pathological state, may both end in death; because if the principle of harmony (which is the grand law of life) should fail to operate either way, disorganization must ensue.

The abnormal condition of sensation known as hypnotic or mesmeric insensibility is due either to submerged consciousness or to transference of sensation itself from the outer to its inner surfaces.

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Whether increased intensity of life signifies increased pleasure or increased pain will depend on the harmoniousness of its motions.

Dr. Goldsbrough says that "symmetry of form and combination of form in symmetrical or multiplied organs can be explained by the operation of the bio-dynamic law in the face of gravity, and influence from the environment," but that the proof followed out in detail would occupy too much space for his address. I may just observe that the phenomena referred to have an explanation as simple and complete as possible in the dual oneness, the masculine and feminine constitution of the universe itself. The proof alluded to by Dr. Goldsbrough is merely the *process* of operation of these universal principles.

Passing by the illustrations from scholastic psychology, we may now note how Dr. Goldsbrough applies his bio-dynamic law to the *rationale* of the homœopathic rule.

"Does the law of life that I have been illustrating," he asks, "afford a clew as to the *rationale* of the application of this rule? I think it does," is his answer. "It will be remembered that I tried to enforce this truth: *That life takes advantage of fine shades of difference for the increase of itself.* This is observable from the very beginnings of life upwards to the highest scale of thought. We saw it in the phenomena of reproduction by cell division, in the process of fertilization, the whole phenomena of sex being an illustration of it, and in the early changes which take place in the ovum. Its influence could be traced all through the process of development, in the variety of histological element, as well as in naked-eye morphology. To it we owe multiplication and symmetry of form, and diversity of function in all directions."

I have already explained that it is impossible to deal here with all the illustrations of the "law of life" above expounded. There is no need to do so, however, as may presently be admitted.

In "The Origin of Species," Darwin states that "slight changes in the conditions of life are beneficial to all living things." Dr. Goldsbrough's statement that "life takes advantage of fine shades of difference for the increase of itself," is an imperfect paraphrase of Darwin's axiom, which as a statement of biological law requires no elucidation.

The identity of law in the phrases will be evident without quotations from Darwin's famous book. And it is surely not difficult to detect the misapplication of this biological law to the phenomena of homœopathic therapeutics. The latter belonged to an altogether different category, namely, the bio-chemical.

All Dr. Goldsbrough's illustrations of "the law of life" are easily, naturally, and fully explained by principles and laws which have long been known.

Whilst Darwin's biological law is the special truth Dr. Goldsbrough misapplies in his *rationale* of homœopathic cure, it is the universal law of harmony (but for which there would be universal chaos)

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operating intelligently from centre to circumference of the dual-unity we call the universe, that displays to us the infinitely diversified polar phenomena referred and alluded to.

It is to the dual character of the universe that are due the phenomena of reproduction by cell division (and otherwise), the process of fertilization, the phenomena of sex, multiplication and symmetry of form, etc.; of which truth the foregoing tautological phraseology is at least suggestive.

Any phenomenon obviously not a consequence of the dual character of the universe is a necessity of its unitary nature, of which the direct expression is the principle of harmony.

Did the full significance of this criticism lie on its surface, further application of it would be superfluous. But to those who have not made the subject a deep and prolonged study, my observations may at first sight appear too general, even vague and obscure. A little elucidatory detail is therefore necessary.

Reverting for a moment to Dr. Goldsbrough's assertion that we know of no law that explains the operation of the *simillimum*, "in the sense that gravitation is law, or in the sense of Ohm's law of electricity, or Bell's law of the sensory and motor functions of the roots of spinal nerves," I take leave to interpret this as meaning simply, *in the sense of natural law.* For it would be absurd to expect laws of one category to bear the import of laws of another category.

In my view it is irrational to look for a law of the *simillimum* in the sense of the law of gravitation, for instance, because the latter belongs to quite a different order, and a prior category. True, homœopathy exhibits law in the sense of gravitation as law, — indeed of the same essential nature as gravitation, — but the same is true of allopathy, or any other actual or possible "pathy" having relation to chemistry; for the law of this category is common to all systems of medicine, and is causative of "drug affinity," *per se, not* of the special homœopathic ultimatum of this affinity, under what I may call (for want of a better terminology) the bio-chemical law of interference.

The term *attraction* connotes a principle absolutely universal, and therefore of the first category of thought; *gravitation* is a term denoting a localized manifestation of the same universal principle, and thus belongs to a derivative category. The primary principle, being central, radiates through all circumferential and derivative orders of force, hence we naturally and properly speak of "mental attractions," "physical attractions," "chemical attraction or affinity," "electrical and magnetic attraction," "spiritual attraction," etc. But we do not so generally employ the term "gravitation," for the reason that it signifies the most material (circumferential) or external manifestation of the interior principle of attraction, and belongs to a basic physical category.

The law of the *simillimum*, being a bio-chemical, not a biological

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law, stands exactly midway in the scale of force categories, and is thus indisputably derivative, from whichever end of the scale it may be regarded.

The law of *contraria* is the bio-chemical law tending backward and downwards, hence its materialism and mischief; the law of *similia* is the ascending bio-chemical law, hence its spirituality and pure beneficence.

To claim universality for what is indubitably only general is to blunder fundamentally, and to entail profound failure where otherwise we might realize great success.

In seeking for the homœopathic law in the wrong category, Dr. Goldsbrough seems to me to have fallen into the basic negative error of his *rationale* of *similia*. His positive error has already been pointed out, in the confusion of an undeniable biological law with a hypothetical bio-dynamic law.

Nobody will deny the general truth of Darwin's affirmation that slight changes in the conditions of life are beneficial to all living things. But if it were true that homœopathic cures are due to the advantage which the organism takes of shades of difference of stimuli, as alleged by Dr. Goldsbrough, then unquestionably a cure might be expected from stimuli of any (or almost any) shade of difference.

It is the "shade of difference" which is involved in the biological law, but it is the *specific similarity* which is essential to the manifestation of the homœopathic law.

Thousands of shades of difference of stimuli are competent to elicit the phenomena of the biological law — differences in almost every direction. Only a few different drugs, as a rule, are competent to illustrate the homœopathic law, in a given case; and in this bare multiplicity solely in virtue of their similarity (not difference), the one to the other, and all to the disease. Sometimes only one known drug may be competent; too often, alas! not even one.

It is not the shade of difference that is the essential factor, but the degree of similarity, as the therapeutic phenomena of high attenuations in association with high homœopathicity brilliantly prove.

It is unnecessary to refer to illustrations and enforcements of Dr. Goldsbrough's theory of homœopathic cure that I have not noticed. They are amenable, without exception, to like critical treatment, and yield similar critical results.

A CONDENSED CODE, DATING FROM THE FOURTEENTH CENTURY. — Guy de Chauliac, a French surgeon, author, and teacher, was both chaplain and physician-in-chief for Urban V and two other Popes of Avignon. He was educated at the universities of Bologna and Montpellier, and practised a long while at Lyons. He was born about 1300. He taught the following code of ethics: "Bold when sure; cautious in danger; kind to the weak and sick; friendly with fellow-workers; constant in duty; not greedy of gain." — *New York Record.*

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DRUG ACTION.

BY M. DESCHERE, M.D., NEW YORK.

[*Read before the Connecticut Homœopathic Medical Society.*]

To the physician who moulds the medicinal treatment of disease after the formula, *Similia similibus curantur*, the question of drug action is a very pertinent one. It is all well and good to say, Select your remedy according to its symptoms most similar to those presented by the patient; but the thoughtful prescriber cannot rest his responsibilities there. He wants to inquire into cause and effect, into the how and why of that guide. The often marvelous results produced by drugs in infinitesimal doses, administered according to the law mentioned, are perplexing, and he who contents himself with these results, without further investigation, will remain but an imitator, a laborer, who follows blindly the traditions of his profession; he will never master it, never advance it.

The questions that confront us in close relation to our daily practice, with reference to drug action, are simply these: —

First: What is a symptom?

Second: What is a direct, and what a reflex symptom?

Third: How does any substance produce a symptom?

Webster defines a symptom thus: "A perceptible change in the body or its functions, which indicates disease."

Hahnemann calls the totality of symptoms in a given case "The outwardly reflected image of the inner nature of the disease." (Organon, Sect. 7.) Defining thus the symptom to be the guiding post, the only tangible means for recognizing disease by our senses, we may, in answering my third question, cover the second one, as it is naturally involved in it. How then is a substance capable of producing any perceptible change in the body or its functions, direct or reflex? In other words, Where does the drug act?

This question can only be answered satisfactorily, according to our present knowledge of physiology, from the vitalistic standpoint. It is almost the same position which Hahnemann maintained to represent the only plausible theory for the comprehension of his discovery; the fundamental principle of which he called "Life-force," a name so frequently misunderstood, antagonized, and ridiculed.

But the advanced physiologists of to-day, of which Professor Bunge of the University of Basle, Switzerland, is a genial representative, promulgate this very theory of life-force as the ultimate principle of all vital action, only calling it by a different name and parading it under the banner of "Vitalism." There is as yet a strong opposition to these views, still they are continuously and steadily advancing to the front. In the recent edition of his text-book, Bunge says: "The opponents of vitalism, adhering to the mechanical explanation of life, try to substantiate their views by asserting that, as physiology progresses, we will succeed in reducing phenomena, which were formerly considered to depend upon a mystic vital-

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force, to physical and chemical laws. They consider it to be but a question of time, and that we must succeed at last to prove that the entire process of life is only a complicated mode of motion, governed solely by the forces of inorganic nature." To this Bunge replies: "But I have found that the history of physiology teaches just the opposite view. I maintain that, to the contrary, the more thoroughly, minutely, and fundamentally we investigate these demonstrations of life, the more we become convinced that events which we supposed to be able to explain physically or chemically, are really of a much more complicated nature, and for the present baffle all mechanical explanation."

We know that the intestinal wall during the process of absorption does not functionate like a dead membrane, following the laws of diffusion and osmosis; but that it is lined with epithelial cells, and that each one of these cells is a living organism in itself, imbued with most complicated functions. We know that it absorbs chyle by the active contraction of its protoplasm, in the same mysterious manner which we observe in other single-celled organisms, as, for instance, in the Amœba. We know furthermore that the epithelial cells of the intestinal wall absorb only the useful material, and reject useless or even harmful matter.

As a vivid illustration to this, I cannot refrain from citing an observation of Cienkowski, reported in the Archives for Microscopical Anatomy, Vol. I, in which he speaks of a special kind of Amœba, the Vampyrella, which is a microscopically small, reddish cell, and entirely structureless, therefore nothing but an insignificant drop of protoplasm, without even a nucleus. This minute cell selects for its food, amongst all water plants, one special variety of Algæ, the Spirogyra, and refuses all other food. One can see how it throws out projections and moves from one plant to another until it finds the Spirogyra. At once it clings to the wall of one of the latter's cells; dissolving this, it absorbs the contents by suction. Next it passes on to another cell and repeats the same manœuvre. Cienkowski never saw the Vampyrella feed upon any other Alga, or absorb any other substance. This same phenomenon has been observed with other species of Amœbæ, and Cienkowski remarks in this relation: "The behavior of these monades in selecting and absorbing their food is so remarkable, that one imagines one sees the action of intelligent beings." The functions of the lymphatic glands depend upon the same elective power of its epithelial cells, and so on throughout the entire living organism. This mysterious activity belongs to the cell life of all the various tissues.

Only remember the development of our body out of one single cell by progressive division. Thus all tissue elements are derived and in the proportion as the respective cells increase in number, by continuous multiplication, so are they differentiated after the principle of division of labor. Each one of them becomes capable of receiving and retaining certain substances, at the same time reject-

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ing and excreting others; and in this way building up a texture which is fully equipped for the future functions of the organ of which it forms an integral part. A chemical explanation of these phenomena is impossible. Again, it is a well-known fact, that by one spermatozoön this insignificantly small cell, 500,000,000 of which hardly fill the space of a cubic line, all the bodily and mental peculiarities will be inherited from the father to the son, yes, even passing the son, will be transplanted to the grandson through one of those little cells. If this were a purely mechanical process, how miraculously wonderful must be the construction of the atoms, how infinitely complicated the play of forces, how extraordinarily complex the manifold motions in this little cell, which dictates the mode of development of body and mind to all future generations! Verily! Physics, chemistry and anatomy strand here.

The great progress in medicine during the latter part of our century dates from the revelations of men like Huxley, Virchow, and Pasteur. Virchow's Cellular Pathology, as it reduces disease to the disturbances in the ultimate principles of organ tissues, the cells, has given the right impetus to scientific investigation, and has made bacteriology applicable and serviceable to medicine. We have, therefore, to look to the cell as the fountain of those perceptible changes in the body or its functions. In other words, *Disease symptoms* are produced by changes in the tissue cells. Hence *drug symptoms* are produced by changes in the tissue cells.

At this point we have to correct a misconception of Hahnemann, which is due entirely to the state of the pathology and philosophy of his day. His firm conviction that disease is not and cannot be a material entity, prompted him, in accordance with the views of his times, to consider disease "perverted vital action." Section XI of the Organon reads: "In sickness this spirit-like, self-acting vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influences of some morbific agency, inimical to life. Only abnormally modified vital force can excite morbid sensations, and determine the abnormal functional activity which we call disease." If we consider for a moment that it is impossible for a *force* to be deranged, be this a physical or a vital force, but that this may be possible only with the organism or a part of it, we get one step nearer to the truth. If the strings of a piano are relaxed, the force striking the keys will remain unaltered, but the note produced will sound incorrectly; there will be disharmony, diseased music. Stretch the relaxed strings to their normal tension, and with the same force at the keys harmony will have been restored. Hahnemann explained the facts as best he could, but modern research enables us to define his position more accurately. Perverted cell activity, not "modified vital force," will determine abnormal functional activity in the organism, which we call disease. Adapting the action of drugs to the same principle, we simply need this connecting link, the protoplasmic cell, the musical string, which, when relaxed, from some cause or

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another, produces disharmony, until it has been restored to its normal tension; the vital force or energy, omnipresent throughout nature, ever remaining the same.

Coming now more directly to the point of attack for drug action, it will be of interest to follow the experiments tabulated in a prize essay of Dr. Alexander Paldrock, assistant of Professor Kobert, of the Pharmacological Institute at Dorpat. This essay bears the title, "On the influence of pharmacological preparations upon the blood vessels of surviving organs of warm-blooded animals." These experiments are not new, but they have been greatly improved upon in accuracy recently.

After a detailed description of the complicated apparatus necessary for an exact execution of such experiments, Paldrock defined what is to be understood by a surviving organ. It is any single organ removed immediately from an animal, previously killed by exsanguination. This organ is placed at once into the fully prepared apparatus where the blood vessels of the organ are connected with a fitting set of tubes, by which the defibrinated, and after that arterialized blood of the same animal is made to circulate through the organ, entering at the artery, pervading the entire system of capillaries, and passing out through the vein. This blood is kept at normal temperature and under even pressure, and to it is added the drug to be experimented with, in a most extraordinary dilution.

In this way it is possible to investigate whether a substance acts directly upon the tissues, or reflex, by nerve conduction from the brain or spinal cord. This is determined by the following deduction. As long as we know that a drug constantly produces certain symptoms in the living body, but shows no effect upon the isolated organ, its action is called central, that is, it acts upon that portion of the brain or spinal cord which regulates the functions of the organ under test, and on which the drug symptoms are observed during life. But whenever the influence of the drug upon the tested organ becomes at once apparent, it is considered to act peripherally, that is, directly upon the cells of the tissues, or at least upon the terminal nerve fibrillæ, interlacing with those cells. The results of such investigations are of inestimable value for the correct interpretation of our symptomatology; because when we know whether a drug produces its symptoms by direct or by reflex action, we will be enabled to adapt our remedies more accurately in therapeutics.

The experiments tabulated by Paldrock had been made upon a great many drugs almost exclusively for the elucidation of their dilating or contracting power over blood vessels, and it is curious to note the extremely minute doses that proved effective for that purpose.

Muriate of Hydrastin, in a dilution of 1 part in 1,000,000 of defibrinated blood, dilated the vessels of a surviving kidney to a high degree for about two minutes.

Muriate of Hyoscin, 1 to 500,000, had a similar effect, but less intensely so.

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Hydrobromate of Scopolamine, 1 to 10,000,000, and even 6 parts in 100,000,000, produced a medium degree of dilatation for one minute. The same substance diluted in proportion of 1 to 5,000,000 produced a high degree of dilatation in the blood vessels of a surviving spleen for three minutes.

Digitalin, 1 part in 10,000, contracted the vessels of a surviving kidney so forcibly that the organ was dead within four minutes. The same effect was produced by Digitoxin in a dilution of 1 to 5,000,000; but 6 parts of Digitalin in 100,000,000 of vehicle produced strong contractions for two minutes.

The dilutions demonstrating the contracting power of Digitalin vary between 1 in 200,000, and 1 in 20,000,000.

If we consider that these physiological or rather pharmacological experiments were performed on tissues separated from the body, and consequently under a low degree of vitality, in fact, in an almost dying condition, we may well comprehend the just claim by the homœopathic physician for a high dilution of his remedy, which acts in a living organ under greatly intensified irritability, and assisted by the restorative reactive powers of the entire organism.

Again, further results of these interesting experiments have disclosed the fact that certain poisons are capable of producing opposite effects, according to the employment of large or small doses. The largest of these doses, however, did not exceed a dilution of 1 to 200. Other drugs showed no direct influence upon the vessels, and their action is to be considered central, acting through physiological nerve distribution upon the function of the tissues under test.

It will be of interest to find amongst these: Alcohol, Muriate of Cocaine, Condurangine, Muriate of Coniine, Natr. arsenicosum, Bromide and Iodide of Sodium, Natr. sulphuricum, Nitrate of Strychnine, etc.

In his conclusions Paldrock draws attention to the fact, regarding the power of drugs to influence blood vessels, that they have to be classified as follows: —

Firstly, those which dilate the vessels of all the organs in the body.

Secondly, those which contract the vessels of all the organs.

Thirdly, those which have shown no effect in the doses employed.

Fourthly, those which vary in their action according to the size of the dose.

Fifthly, those which act differently upon the blood vessels of different organs.

The author finishes his article by giving the names of 135 observers who have contributed successfully to this line of research, beside himself.

It is very refreshing to see such results of experimental physiological investigation. The deductions derived from them naturally assist in strengthening our confidence in the provings of the homœopathic materia medica. The constant demand by the skeptics for experi-

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mental demonstration of the reactive power of drugs in infinitesimal doses upon the living organism are here given and abundantly corroborated. The accusation of producing effects by hypnotic suggestion and imagination is scattered to the winds, because such an argument will hardly stand in the face of experimentation with surviving organs, separated from the exsanguinated body of an animal.

These results also show that the substance, for the purpose of producing pathogenetic effects, must be brought into direct contact with the living cells of the tissues to be influenced. Hence symptoms produced through nerve distribution cannot be looked upon as if the drug effect were carried along the nerve to the organ giving the symptom; but this has to be understood to occur in the only possible manner, the drug acting pathogenetically on that particular motory region of the brain or spinal cord which governs the functions of the respective organ. Here the drug action ceases, and the nerve takes up the disturbed action of the central organ to carry its abnormal influence to its destination.

Fortunately our well-proved drugs present their centres of attack clearly enough in their records. We do not need to wait for the completion of elaborate physiological experiments to be able to select a remedy in a well-diagnosed case. The concomitant symptoms are our reliable guides. They indicate the hidden source of the condition to be overcome.

The vomiting of gastroenteritis may greatly resemble that of suppurative meningitis or of pregnancy; but the concomitant symptoms will point to the class of remedies required in either case, from which the most fitting one may be selected. Therefore we need the totality of symptoms for the proper adaptation of drug to disease; therefore it is impossible to prescribe homœopathically for data derived solely from the gross pathological aspect of a case. The most remote, the apparently widely disconnected symptoms will frequently point to a remedy which has never yet been employed in affections of the part under treatment, but which the experienced prescriber knows will cure in this instance. Why? We may answer, because the concomitant symptoms show that a certain group of cells is in a state of irritation or depression, thus causing a most alarming disturbance in that distant part of the organism which the physician has been asked to relieve.

The experiments on surviving organs teach us another lesson. They teach us *how* drug acts upon the cells. It acts by affinity. That substance which has the greater affinity for another one in combination will always be more vigorously attracted, and will consequently displace the one, the affinity of which is weaker. The living cells have a specific affinity for certain substances in a higher or lower degree, which seems greatly intensified whenever the cell has been brought into a state of irritation from whatever cause.

Digitalin and Digitoxin produced more powerful contractions than any other substance, and showed a distinct influence, even in most

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extraordinary dilution. This can best be explained by the existence of a greater affinity of the muscle cells of the coats of the arteries for these alkaloids. For the same reason, certain drugs affect the blood vessels of different organs in different ways.

It is probable, therefore, that through substitution by greater affinity the curative action of drugs will find its natural interpretation, which will be more comprehensible and in better compliance with the science of to-day.

Vital activity being stronger than chemical activity, for the latter is always controlled by the former, the power of vital affinity must exceed that of chemistry to a much higher degree than we are possibly aware of. Paldrock's experiments certainly point in that direction.

I will, therefore, recapitulate my argument in three points: —

First: The action of drugs upon the living organism is directly cellular.

Second: This action upon the living cell is determined by affinity; and

Third: Such action is possible only by direct contact, in a highly dilute state of the drug.

A CASE OF POISONING BY A COCUS-WOOD FLUTE.

BY J. HEBER SMITH, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The cocus-wood, or Grenadillo, of Cuba and South America has for many years been employed for the manufacture of flutes. Of all known woods it is no doubt the most suitable for flutes, and it is now almost exclusively used. It gives a splendidly brilliant and powerful tone, and as the wood appears to be somewhat mollified by age and use, its tone becomes more mellow and flexible. It is an extremely hard and resinous wood, and being therefore peculiarly non-absorbent, it retains its form under the influence of heat and moisture better than any other that has ever been tried. But the variety obtained from Jamaica is denser and more liable to splitting.

There is most trustworthy testimony, from Germany, England, and America, to the fact that cocus-wood, and no other material, is found by certain susceptible flutists capable of producing serious irritation of the lip, necessitating the use of a crescent-shaped silver or gold lip-plate, shellaced to the mouth-hole, or embouchure.

I am informed that, among others, Mr. George Beyr, a much appreciated flutist here in Boston, was thus poisoned, and suffered more or less inconvenience from it for three years. He is now compelled, I am told, to use a silver lip-plate. Mr. William R. Gibbs, the well-known player and teacher, cites an instance of one of his own pupils, a woman who suffered from cocus-wood poisoning.

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February 20, 1894, an interesting instance of poisoning by this wood came under my care in the case of Mr. William Homes, of this city, a devoted flute amateur. He had been suffering for many weeks with an obstinate swelling and redness of the lip, on which were many patches of inflamed skin covered with watery vesicles. These were easily broken, but their rupture gave no relief of the soreness.

Suspecting the cause, Mr. H—— had used oiled silk, gold-beater's skin, and several other coverings for the mouthpiece of his flute, yet the irritation had continued. To my suggestion that he had best sell the offending flute, a costly imported favorite, he replied: "Not for a thousand dollars! It is the greatest pet I have, next to my wife." Besides, he had been assured by his teacher that the wood might lose much of its virulence after it had aged. Believing the inflammation to be a purely local irritation from the cause suggested, on account of its persistent reappearance or aggravation from each using of the suspected instrument, I prescribed the topical use of a wash of the nitrate of lead in water, 1-2000 solution. After but a week of its use he was entirely relieved. All the while he practised three hours daily, but kept oiled silk upon the head-joint of the flute as a precaution against further poisoning. March 4, as an experiment, he removed the oiled silk and practised one hour with his lip in contact with the subtle cocus-wood. The following evening his lip was swollen, extremely red, and three large blotches appeared, covered with vesicles. Immediate relief followed the application of the nitrate of lead wash, and in two days the lip was well.

December 15, 1895, Mr. H—— reports as follows: "I have been experimenting again to establish the fact of flute poisoning. I have been entirely free from inflammation of the lip since last spring. But last Wednesday evening I removed the oiled silk and practised with lip in contact with the flute. Result: a beautiful swelling which I am now endeavoring to reduce with the wash." It is of interest to note that he had suffered a precisely similar experience from a like experiment the previous April.

Early in the present month, October, 1895, Mr. H—— reports entire exemption from his trouble since the experiment of last December. There can be no reasonable doubt that this freedom from lip irritation has been due to the fact that he has been using a permanent silver mouthpiece, shellaced to the embouchure of his mordacious pet.

It should be placed on record herein, that Mr. H—— is of robust appearance, rather sanguine temperament, forty-six years of age, and that he has enjoyed good health from early youth. It should be noted, however, as possibly accounting in some degree for his extreme and unusual susceptibility to the emanations of the cocus-wood, that once he suffered from eczema for three years, beginning at the age of nineteen. The affection was confined to the fingers of the left hand. It occasioned the loss of the nails of several of the

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fingers. He was at length cured by a six months' course of Fowler's solution of arsenic.

In closing, permit me to call attention to the ethereal tenuity of the emanations from this polished and durable wood, so subtle and yet as individual as the stroke of a scorpion. Again, is not this an entirely patent example of the value of certain drug provings, even though the symptoms be obtained by but one prover in a score, with all the rest exempt? To what shall we compare the human organism for refinement of adjustment? As in music, it would appear that in these bodies of ours the smallest curves of external accessory vibrations are superposed on the larger ones, and every influence, though apparently simple, is in effect a system and an assemblage of an infinity of partial impulses that compose a total in which no confusion is remarked. The principle of life can select, does select the pulse of these undulations with which it is able to vibrate in unison and from which, constructing as it were a free aerial reed, it raises them to the dignity of harmonies immortal though often unheard.

TREATMENT OF TYPHOID FEVER.

BY LUCY C. HILL, M.D., FALL RIVER.

[*Read before the Boston Homœopathic Medical Society.*]

It is my purpose in this paper to review briefly some of the methods of treating typhoid fever, advocated by acknowledged authorities. Osler opens his essay upon the subject with this statement: "The profession was long in learning that typhoid fever is not a disease to be treated by medicine. Careful nursing and a regulated diet are the essentials in a majority of cases." This forms the much lauded "expectant treatment."

As soon as typhoid fever is suspected, the patient should be kept quietly in bed. The room should be large, well ventilated (an open fireplace is greatly to be desired), not too dark, with a temperature of 65° or 68° F. Only necessary furniture should remain in the room. No attempt should be made to entertain the patient either by reading or conversation, nor should he be questioned too frequently as to his wishes or feelings. None should visit his room excepting those who have duties to perform. His position should be changed without consulting him, allowing lateral as well as dorsal.

His linen and bed linen should be kept scrupulously clean; the pillows and blankets aired every day for hours. Protect the mattress with a rubber sheet.

The care of the mouth is of great importance. It not only adds to the comfort of the patient, but improves the appetite and aids digestion. There is no better mouth wash than listerine and water, 1 to 4. Myrrh and water or lemon juice and water may be used for variety. If the patient is very weak, the mouth should be swabbed by the nurse. Always after a glass of milk rinse the mouth.

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Diet. — Milk is the food upon which greatest reliance can be placed; the amount and manner of administering must, however, be adapted to individual cases. The quality of the milk is first to be considered. An average eight to ten per cent cream milk is by far preferable to that containing twenty to thirty per cent. The quantity will depend upon the age, size, and digestive powers of the patient, and should be from one to three quarts during the twenty-four hours, given at regular intervals of about two hours. Whether the patient shall be roused from sleep during the night to take nourishment must depend upon his ability to fall asleep readily. Better allow him three or four hours without nourishment than deprive him of needed sleep.

Milk may be given plain or diluted with water, lime water, Vichy or Apollinaris. The addition of a little gelatine will overcome the tendency to form curds. Nausea would call for peptonized milk; diarrhœa, for boiled milk. The character of the stool will inform the physician whether the milk is properly digested.

But there are those who cannot take milk. Even in health, we have to admit that it sometimes disagrees; besides a patient tires of milk day after day and week after week. For these some other diet must be provided. Strained, watery broths of mutton, chicken, veal or beef; Valentine's beef juice in water or beef peptonoids may be given, but not with the persistent regularity of milk.

The farinaceous foods condemned entirely by some are used by others. Surely, Horlick's malted milk is easily digested, does not irritate the mucosa nor tend to tympany. Barley water, Nestlé's, Bartlett's, and Ridge's foods are also well borne and advisable if the patient emaciates rapidly. Wine whey, rennet-custard, gelatine blanc-mange flavored with lemon and wine, and egg albumen, likewise flavored, are often useful. Water is of even more importance than any other article of diet. It should be pleasantly cold and given frequently, even after the patient ceases to crave for it. Da Costa cautions against giving so much that the appetite for nourishment shall be lost or the power of digestion impeded. Two or three quarts per day are not too much. It acts as a diuretic, enabling the kidneys to eliminate the products of tissue combustion.

In 1885 Henry examined the blood corpuscles of five typhoid fever cases and found, at the height of the disease, the average number to be 5,176,200 per cubic millimeter, which is precisely the number, he says, obtained in perfectly healthy persons. In two of the cases, after convalescence was established, he found a diminution of corpuscles: in one of 804,000 per cubic millimeter, in the other of 1,306,000. This change coming when the fever had ceased, with the appetite and digestion good, he attributed to the restoration of water, and questions whether drought does not cause as great tissue degeneration as long continued pyrexia.

Hydrotherapy. — Osler advocates the use of cold water, 70° F. or 80° to 90° and cooled, according to the Brand method, both in hospital and private practice; although recognizing that there may be

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objections in private practice to this method, he substitutes sponging the body with tepid or cold water, taking each limb separately and then the trunk, occupying a half hour in the process.

Whenever the temperature exceeds 102.50 F. he uses the bath, sponging, or wet pack, which reduces the rectal temperature two or three degrees. Food with stimulant is given after the bath. In three hours he repeats the process and makes these five claims, especially for the Brand method: "(1) The reduction of fever; (2) the intellect becomes clearer, the stupor lessens, and the muscular twitchings disappear; (3) a general tonic action on the nervous system and particularly on the heart; (4) insomnia is lessened, the patient usually falling asleep for two or three hours after each bath; (5) and most important of all, the mortality is reduced to a minimum." A record of 1,200 cases treated by the Brand method, with a death rate of one per cent, is claimed by Brand and his disciples.

"In the Johns Hopkins Hospital the mortality has been in five years 7.02 per cent of the 356 cases under Osler's care."

Homœopathists cannot hope to do much better toward saving life, but do any dare discard the remedies for which the symptoms of typhoid cry aloud?

Edwin M. Hale, M.D., makes this statement: "Hyperpyrexia, once such a bugbear, is not now feared so much as formerly. Many patients have a temperature of 104° or 106° for weeks, yet make good recovery."

My own experience in the treatment of typhoid is limited. I have fortunately seen no cases remaining at 106° for even twenty-four hours. (I trust discussion upon this point will be heartily entered into by those of experience.)

Dr. Richard Hughes is so pathetically honest in his statement of the uses of baptisia, when he mistook simple continued or gastric fever for typhoid, that he commands one's confidence when he says: "But throughout the progress of the malady, I advise you to give it (baptisia) as the best means of keeping down the high temperature in which so much of the peril consists."

Baptisia is more frequently needed at the outset of the fever. The patient has a dull headache, confusion of ideas, and cannot go to sleep because he cannot get himself together.

Arsenicum is useful for weak, elderly people or children; in slow, protracted cases, mild delirium, loss of consciousness, great restlessness and anxiety; a constant moving of head and limbs. "There is hyperæmia of the intestine with diarrhœa."

Hale urges the use of arsenic in some form throughout the fever. Hughes recommends baptisia as the sheet anchor.

Mercurius and iodium are Dr. Hughes' remedies when the spleen and mesenteric glands are affected, as well as Peyer's patches and the solitary glands. Hale finds mercury only occasionally useful.

Bryonia and eucalyptus; hyoscyamus, belladonna, and agaricus; digitalis and strophanthus with many other well-known remedies, may

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be indicated. The mineral acids are undoubtedly important, especially phosphoric, nitric, and muriatic acid.

Convalescence is an anxious and critical period. The patient's appetite controls his reason. It is a safe rule to allow only milk diet until ten days or two weeks have elapsed after the temperature has remained normal, and then solid food should be given sparingly. Sago and tapioca, well cooked and served with cream; meat broths thickened with macaroni, tapioca, or dried bread-crumbs rolled; boiled rice with beef juice; the yolk of a dropped egg. When meat is resumed preference is given to *scraped beef*, not Hamburg, made into a thick cake and broiled. Minced chicken, oysters, and lamb will rapidly follow.

Prophylaxis. — It is the duty of the physician to report every case of typhoid fever to the Board of Health in cities, and constitute himself one in the country that the water supply, drainage, and plumbing may be thoroughly inspected and the cause immediately arrested.

The usual agents of infection are water, air, soiled linen, and hands of the nurse. Ninety-nine per cent of cases are said to be caused by the use of water, hence all water used for food should be boiled. If any uncertainty exists as to the cause of a case of epidemic, all milk should also be boiled.

The dejecta of a typhoid patient should be immediately and thoroughly disinfected; a result which Henry says is scarcely ever accomplished. A disinfectant speedy in its action is necessary. He considers carbolic acid solutions entirely useless, and quotes an authority who advises the use of a five per cent solution, but who still says that it will take twenty-four hours to complete the work.

Corrosive sublimate is a perfect germicide. The objections to its use are its poisonous properties: its destruction of water pipes and all plumbing; and its coagulating effect upon albumen so that in case of blood clots or sloughs from ulcers, the typhoid bacilli will be preserved within the albuminous particles. (Henry.)

Slaked lime mixed with sufficient water to make a thick whitewash is free from the above objections. Burying the fæces is unsanitary, since the bacilli are not destroyed. The patient's linen and bed linen should be immersed in chloride of lime 1 to 100, as soon as removed, and afterward boiled. Platt's Chlorides is an excellent preparation. The nurse's hands should be thoroughly washed with soap and water and rinsed in a solution of corrosive sublimate 1 to 1,000.

A REMEDY FOR BLACK EYE. — There is nothing to compare with the tincture or strong infusion of capsicum annuum mixed with an equal bulk of mucilage or gum arabic, and with addition of a few drops of glycerine. This should be painted over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent blackening of the bruised tissue. The same remedy has no equal in rheumatic sore or stiff neck. — *Medical Progress.*

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FURTHER OBSERVATIONS ON INGUINAL COLOTOMY.

BY F. W. HALSEY, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

In a paper read by myself before one of our societies two years since, the disease for the relief of which the writer felt colotomy indicated was malignant stricture of the rectum. As a direct result of personal experience since then, I shall take a much broader ground to-day, not limiting the necessity of the operation to malignant growths, but include: —

I. Benign tumors involving the entire circumference of the bowel, and including the ureter and prostate gland in the male, and the uterus and vagina in the female; for the complete removal of all diseased tissue, without opening into these organs, would be impossible.

II. Growths or stricture, extending to and including both sphincter muscles, and portions of the levator ani as well, where the taking away of these muscles will result in entire incontinence, and leave the patient in far worse condition than after colotomy.

III. And growths having extended around almost the entire circumference of the bowel, and having a deep ulcerated base; for here the cure of the patient becomes well-nigh impossible by any other means.

Further than this, in cancer of the rectum, where the disease is clearly limited and operable by excision, I believe the chance of recurrence would be greatly reduced, were colotomy performed as a preliminary step several weeks before the radical operation is attempted. The mortality in cancer of the rectum is as great, if not greater than in any other operable part of the body. There are two reasons for this: the first owing to the great inroads made by the disease on the adjacent structures before its nature is suspected; and second, the difficulty experienced in its entire removal and subsequent perfect healing, due to the constant irritation of fæcal matter passing over the point of operation. Inguinal colotomy performed first, the fæcal matter diverted from its old channel to the new opening, the parts thoroughly healed and adjusted, which would be obtained in from three to four weeks, a secondary operation could be done, all the diseased tissue removed, and the patient would stand as good a chance for radical cure as if the disease were located at some more accessible point.

Leaning toward conservatism in rectal surgery, my conversion by the excellent results obtainable from inguinal colotomy has only been accomplished after many misgivings, and after many years of observation and investigation. Our duty to our patients as conscientious physicians is to cure them if possible; if not, then at least to relieve them from pain and suffering. If this can be done and life prolonged at the same time, surely it is the thing to do.

Just here comes the terrible responsibility resting on each and every one of us if we fail to make an early and accurate diagnosis;

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particularly so to us as homœopathic physicians, for we have at our command a most potent force for good in some of our remedies. If we treat the case for obstinate constipation month after month, neglecting a local examination until the disease has advanced to the point of blocking up the bowel, remedies then will avail us little. There is always a time, however, when nature cries out for help, and if we can interpret such signs, starting our treatment when the early symptoms of the inflammation or ulceration show themselves, many of these cases could be entirely cured.

Arsenicum album has been my sheet anchor in the treatment of this class of disease. The patients always come complaining of hemorrhoids; you will find on questioning closely that the prominent symptom is a tenesmus and burning in the rectum and about the anus, sometimes keeping them awake much of the night; there may be a constipated condition of the bowels but more often a looseness, somewhat of a dysenteric nature, sometimes an itching at the anus, but the burning, smarting feeling is characteristic. Such a condition persisting more than a few days calls for a thorough examination, when quite likely the beginning of an induration will be felt, or an ulcerated state will be revealed. Absolute cleanliness, rinsing out the bowel after stool, some soothing ointment like hamamelis or carbolated cosmoline applied locally and arsenicum internally, will generally effect a cure.

When constipation alternates with diarrhœa, when the stools are hard and lumpy, with much soreness and a general unsatisfied feeling after, Bryonia alba is the remedy. Bryonia is in my judgment a much neglected remedy in both upper bowel and rectal troubles. I believe it to be one of the most helpful in our whole list where mucous membrane is irritated and inflamed.

Æsculus hip. is the third and last remedy I shall mention, and its value in irritated conditions of the rectum you are all without doubt familiar with. The specific indications which I have found it to correspond to are an increased secretion of mucus, sometimes drawn out in long strings at the time of stool, a feeling of protrusion sometimes amounting to a genuine prolapse. These symptoms are all present at times during the growth or closing in of stricture, and I have verified the helpful action of these remedies many times.

Death from the final closure of a stricture in the rectum, whether from malignant or non-malignant disease, is too terrible to contemplate and yet in many cases the usual operation resorted to utterly fails to prevent such a catastrophe. The chief or main objections to this operation of colotomy, both in the minds of the laity and many of the profession, are based on æsthetical grounds; the fear of rendering the patient so operated on an object of disgust both to his friends and himself, and a feeling that life prolonged at such a cost is not worth the living. That this objection is based on mistaken ideas I have demonstrated to my perfect satisfaction. My list of cases is not a long one, seven in number, but the results are instruc-

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tive and very satisfactory. First, and perhaps most important, at the present writing, those operated on are all alive and with but one exception very comfortable. The object sought, relief from pain, has been accomplished, and in no instance would the fact that such operation had been performed be suspected by an outsider.

The different steps of the operation were described so fully in my first paper, that I will not trespass on your time by repetition. Each case operated on, however, presents features more or less unique, and serves to demonstrate the efficacy of already accepted methods and material used, or tends to dispel incorrect conclusions, causing us to experiment further.

In Case 1, although the patient was in extremity at the time of operating, everything went well, and the only chance for improvement in the management of the case was an unnecessary delay in removing the stay suture. This being my first case I was naturally over-anxious that all should go well, and so left this suture five or six days longer than actually necessary. When removing the buttons holding this suture I found that they had ulcerated through the skin on each side, causing a slight slough. The final perfect healing was not delayed, however, more than a week. In this case I used a silver wire for a stay suture and silk for stitching the bowel to the skin.

Case 2 made an ideal recovery, the only possible chance for criticism being in the slight sloughing at each stitch hole, where the skin and bowel were fastened together. I resolved to try catgut for these sutures in my next case.

Case 3. Here I used silkworm gut for my stay suture in place of silver wire. After introducing, and when bringing the parts together, the gut suture snapped, necessitating a delay while a new one was put in place, and fearing a similar mishap the parts were not brought together as tightly as had been my custom. Catgut was now used in place of silk to sew the bowel to the skin. All went well for a week or ten days, there being almost no suppuration. The centre stay stitch was removed at the end of ten days. Gradually the spur of bowel began to sink down into the abdomen, and for several days I feared the bowel would break away and fall into the abdominal cavity. Fortunately the adhesion formed at the upper angle of the wound prevented such an unfortunate occurrence, and the patient was discharged at the end of three and one half weeks, there being an excellent opening with no connection or chance for fæcal matter to pass down through the rectum. This experience satisfied me that catgut for sewing the bowel to the skin is not to be depended on.

In Case 4 I used silkworm gut for this stitching, but did not like it. There was fully as much suppuration at the stitch holes as from silk, with the added disadvantage of the harsh, irritating effect of the hardened worm gut. One more trial was given for the silkworm as a stay suture, under all, and my opinion is that it has no advantage over silver wire and lacks the strength and stability of the latter.

The operation was done in Case 6 for a syphilitic stricture extend-

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ing up the rectum at least six inches, involving the circumference of the bowel, and having a deep ulcerating surface and large condyloma at the anus. The question came up as to the probable kindly healing in a patient so thoroughly infected. In the opinion of my associates this did not contra-indicate the operation and it was done. The wound healed promptly and completely, there being no unfavorable symptoms, and everything seemed perfect at the time of her leaving the hospital. Since then word has come to me that there have been slight discharges through the rectum of fæcal matter. If this is true, there must have been an ulceration through the dividing spur at the abdominal opening, due probably to the general ulcerating tendency incident to specific infection. Such an accident will defeat much of the good expected from the operation, for although free movements have been provided for where before great difficulty was experienced, the trickling down over the inflamed and ulcerated stricture of even a small quantity of fæcal matter will probably prevent perfect healing.

In a colotomy occurring in the practice of one of my colleagues, where I had been kindly asked to assist, the rectum being filled with a growth undoubtedly malignant, an unusual complication came up. On opening into the abdomen when the bowel was reached and an attempt made to draw it up through the opening sufficiently to obtain a good spur, it was found impossible to do so, owing to an unusually short mesentery. In this emergency a loop of the transverse colon was brought down and fixed in the opening. The patient made an excellent recovery from the operation, though when I heard from her last there had not been quite the relief from pain usual in these cases.

Case 7 was operated on only last Thursday, October 3, and is still in our hospital. The disease is without doubt cancer and the variety epithelioma. While the growth has shown a tendency to bleed at each treatment given by the attending physician, there has never been any serious hemorrhage. Friday P.M., the day after the operation and before the protruding bowel had been cut away, quite an alarming hemorrhage from the rectum took place, necessitating packing before it could be controlled. In my absence this was kindly done by Dr. Boothby. The bleeding was from the sloughing in the growth and probably precipitated by the great pressure of gas. There has been no active hemorrhage since, and the patient is in excellent condition to-day.

Feeling as strongly as I do regarding the beneficent effects resulting from the operation, I cannot but take some little pride in the fact that my operation done in May, 1892, was the first complete inguinal colotomy performed in New England by any of our school and, as far as I am able to learn, by any surgeon. Since then, from discussions I have had with several of our leading surgeons, I believe that the operation appeals to them strongly, and has been done successfully by several of them.

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THE CONSERVATIVE SIDE.

BY JANE K. CULVER, M.D., BOSTON.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Presuming that in the busy round of practice, hearts and hands full with the increasing demands of the present, some of us miss opportunities of refreshing our minds with the work of the profession of long ago, you will pardon the liberty taken at this time, and allow a very brief reference to the early beginnings of what has come to occupy such an important and prominent place in the science of medicine.

"Gynæcology," says one, "is rich in illustrations of the belief that progress is ever in the direction of a circle, rather than in that of a straight line. That which hath been is, and that which is shall be. Some of the brightest discoveries of the times are shown to have been *re*-discoveries of things which ages since, for some reason. fell into disuse and were forgotten."

In proof of this, during the excavations of Pompeii and Herculaneum, specula, among other surgical instruments, were brought to light, which probably had been buried for eighteen centuries. They were undoubtedly in common use at the time of the catastrophe.

Moses, of Old Testament notoriety, versed in all the learning of the Egyptians, shows a remarkable familiarity with hygienic laws with reference to women, and we may infer that he possessed knowledge other than what is given us of their maladies, as well as measures to be adopted as preventives. Our much esteemed and respected predecessor, Hippocrates, left writings four and a half centuries before Christ, showing something like a consideration of the diseases of women. These are supposed to be the oldest extant. The destruction of the Alexandrian Library, with its 600,000 volumes, prevented the world from an acquaintance with the ancient literature of the physicians of Egypt, to a great extent. We are informed that physicians, under the Ptolemies, were required to regulate their practice according to certain books, one of which was devoted to the subject of gynæcology. Hippocrates entertained similar theories respecting carcinoma as are held to-day, and his opinion as to the benefit to be derived from efforts to cure corresponds with those of our scientific physicians at the present time. The relation of the mammary gland to the uterus he had a clear conception of.

Hysteria then, as now, was one of the afflictions of women, and though Hippocrates regarded the uterus as somehow allied to the peculiar phenomena accompanying a case, his ideas of the ætiology were, we should declare, rather unscientific. If, for example, during an attack of hysteria, the patient vomited substance of a burning, acrid nature, there must be motion of the uterus towards the hypochondrium; if aphasia, clinching of the teeth and a livid skin, it moved towards the liver. His prescriptions for these various symptoms were as amusing as his ideas of their ætiology. A study of the

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writings of Ætius, compilations chiefly from the Alexandrian Collection, also proves conclusively that the science of gynæcology is not peculiarly a development of these later days. Different abnormal conditions of the pelvic organs, such as the displacements known as ante- and retroflexion of the uterus, stenosis of the os uteri, pelvic abscess, and sterility, were understood by those ancient people, and the use of sponge tents was one of the methods in use at that time. Their treatment, both medical and surgical, for the cure of pelvic abscess, would bear intelligent criticism, perhaps, from our modern practitioners.

Tracing this history on, we come to a period of darkness, which for a whole millennium hung like a pall over the science of medical art, as related to woman. This was brought about by a decree of the Moslems, who made it one of the laws of their religion that no information could be obtained from a visual or digital examination by the profession. Only midwives were allowed to approach such cases, and as they were not educated, or skilled in the art, the speculum became practically a lost instrument, and gynæcology a lost science. This, of course, proved an insuperable obstacle to progress, and not until 1816, when Recamier re-discovered the speculum, was there given to this branch of medicine sufficient enlightenment to insure the advancement which has since characterized it. It did not prevent, however, in the latter days of the eighteenth century, an American from giving us an illustration of the courage, boldness, and cleverness of our own countrymen. One Ephraim McDowell was born in Virginia in 1771. He received the common education of the schools at that time, after which, for a period of two years, he studied with a graduate of Edinburgh University, and later attended a course of lectures there, but no evidence is given of his ever having graduated. He also had a private course of study with the noted John Bell, who, though an enthusiast on the subject of organic disease of the ovaries, had never made an attempt to remove them. But young Mr. McDowell caught an inspiration from his preceptor, and when he opened an office for practice in Danville, Kentucky, in the year 1795 (when he was twenty-four years old), he evidently longed for an opportunity to make the experiment. He was honored with patients from far and near, but fourteen years elapsed before the opportunity was given him. It came in the form of a Mrs. Crawford, who sought his advice in consultation. The diagnosis was decided in her case to be ovarian tumor, and after the doctor's portrayal of the dangers accompanying such a condition, if left to nature, also the seriousness of an operation for the removal, and confessing that no surgeon had ever attempted it, she bravely placed herself in his hands. He desired the patient to come to his home, which involved the necessity of a journey of sixty miles on horseback, which she took. Passing over the details, and bearing in mind that this was in 1809, before the days of any known anæsthetic, we can imagine what indomitable courage was exhibited. However,

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the operation was successful, and five days after, when the surgeon went to the room of his patient, he found her in the act of making her bed! At the expiration of twenty-five days she left the doctor for her home, returning on horseback, as she went, and reached there safely. She lived to the age of seventy-nine and enjoyed excellent health. One hardly knows which to admire the most, the wonderful cleverness of the surgeon, who braved all the contingencies of so serious an operation where so much was involved, without ether or chloroform, or the woman, who suffered it to be done. It was seven years after this, when with two other successful ovariotomies he reported the cases. The description of the operation undoubtedly is familiar, and I will not take your time to rehearse it, though it is exceedingly interesting.

From this time, as there evidently had been given a new interest to the subject, gynæcology made progress, though slowly. There were long intervals between cases reported. Those who followed McDowell were not as successful always, and opposition, both from the profession and laity, was not wanting, which was a powerful factor against advance. Failures were mighty weapons in the hands of opposers. And one Dr. Douglass charged the physicians of Boston with being more dangerous to their patients than their disease. However, through a report of Dr. Washington Atlee, which showed a loss by death of nearly fifty per cent of thirty cases operated upon, the recoveries seemed to have the effect of silencing opposition to some extent, and aroused fresh zeal. As our distinct class of the profession could not have been among the surgeons of those days, we have no occasion to blush at this criticism of our ancestry. Many notable efforts and various surgical operations, in the line of gynæcology, are recorded from this on, showing that surgeons and general practitioners in America kept pace with their contemporaries in the Old World in this particular department. Many whose names are as household words to us figured in the onward march, such as Hodges, Channing, Bedford, Emmett, J. Marion Sims, and Thomas. It is said that McDowell's initiative added forty thousand years to the sum of human life, but to Sims should be given the title of "Father of American Gynæcology."

The work from which this fragment of the past history is gleaned, "The American System of Gynæcology," was issued in 1887. Could the records be given us here and now, from that date to the present moment, would it not add greatly to the display of genius and talent? Indeed, so successful, so really marvelous, are the results of surgical operations, so unexpected oftentimes, that perhaps we are now in danger of getting too enthusiastic, too ambitious, and are not as patient in the use of remedies and local treatment as we might be. It is not surprising since such victories are and have been won, with the multitude of women around us who are in health and strength, ready with all their heart and soul to refer it to the undaunted courage and skill of their surgeon with intense gratitude,

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that the temptation would be to venture farther, and still farther, when it would be better, in some cases, to keep up the patience of our patient, and our own patience, till we had made a faithful trial of our skill in the removal of the cause. This is the honest conviction of the most scientific and clever, but it is sometimes difficult to sustain the courage of those who for years have suffered, perhaps one week in four, more or less, from dysmenorrhea, for instance. To some of these people life is not very attractive, and we would not wonder that they are willing to make any experiment, not caring much whether it brought life or death.

In the treatment of ovaritis, hystero-neuroses, cephalalgia, the various forms of uterine displacements and dysmenorrhea, we have to confess that at all times we have not won as many laurels, have not met with such success, as we desire. But we are hampered on all sides by conditions and environments over which we seem to have no control; the society, the home often, the necessary demands of limited finances, and worse than all, the dress of woman, which is her worst enemy. The whole arrangement savors of mischief. It is a question if our brothers could or would be submissive to such an unreasonable outfit as woman's. So long as men thrive by it, as manufacturers, merchants, and modistes gather rich harvests from woman's dress, just so long women will be compelled to suffer, unless physicians can convince patients, and through them all womankind, that a simpler, lighter, more easily adjusted wardrobe would facilitate their recovery to health and prevent much of their suffering.

There are other wrongs to be righted that concern the health of women, that ultimately must insure the interest of the physician who would see the patient recover. When we have done all in our power to dress our patient, and have removed every obstacle possible in the way, and she still suffers, — for with the infantile uterus, the sensitive ovary, the nervous temperament, she will not at once be free, — what next? Has the cold compress been given a faithful trial in your practice? You may be assured it is valuable. It will change the excited, irritable, nervous, sleepless patient to a quiet, reasonable person and induce somnia. It will reduce the inflammation of the ovary, the congestion of the uterus, and subdue the raging headache. It has been the privilege of the writer of this paper to see instantaneous relief in several cases from the application of the abdominal wet compress. If in the first stages of ovaritis it can be cured, think you we should have to encounter the ovarian tumor? How shall it be applied?

First: Take measure of the body at the waist line.

Second: From waist line to point below the great trochanter. Prepare a soft, old crash toweling or linen sheeting a fold of two thicknesses, of length and depth corresponding to measures, allowing two or three inches for lap. Have ready also a fold of flannel an inch deeper and longer than the above, and again the same of cotton sheeting. Place the flannel upon the cotton. Wring from cold water (or it

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may be tepid if patient strenuously objects to cold) the crash toweling and place it upon the flannel and cotton cloth previously prepared, carefully smoothing all before use. Apply quickly as possible, bring ends together, lap and adjust closely. Cover the patient well, that is, the chest above and limbs below, during the process. The compress should extend two inches below the pubic arch, thus insuring the parts to be benefited to be covered well. If the patient is in much pain, with high temperature and rapid pulse, the compress may be changed every two hours till symptoms improve. Otherwise if this treatment should be resorted to at night and the patient becomes quiet and falls asleep, let it remain till morning. There should always be a duplicate ready at hand, and the one removed subjected to a thorough airing and drying before application again.

Of course the remedies indicated should accompany the local treatment. Bell., Cham., Gels., Cimicifuga are among the chosen.

While we would bow with respect and gratitude to our surgeons who in good faith are led to believe so emphatically in their methods (and we do not wonder), we would ask such as are too sanguine, too enthusiastic over their trophies won, to be patient with our young who are ignorant of what is involved, to warn them of dangers of operating for removal of pelvic organs, and encourage them to be willing to allow more conservative methods a fair trial, if perchance they may escape the risk of prolonged and continued feebleness far exceeding in seriousness the malady from which they desire to be relieved — and indeed it may be a lifetime of sorrow. The demands of conservatism should be ability, keenness of perception, cleverness in adapting one's self to the occasion, skill in management, and withal, such a knowledge of the pathology and physiology of the disease as to render the physician equal to deciding whether the conditions existing would justify putting aside the surgical operation, and giving less heroic measures a chance. In other words, whether the persistent, careful, and unremitting attention to the case in hand may not remove the offending cause, without the removal of the organ.

A CASE OF ECTOPIC PREGNANCY.

BY J. K. WARREN, M.D., WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The diagnosis of tubular pregnancy, before rupture of the sac, is very difficult, as the symptoms are those similar to many other pelvic troubles. Rupture may occur at an early stage, or it may not until the fœtus has obtained considerable size. When rupture does take place there are quick, sharp pains in the abdomen, nausea and vomiting, accompanied by shock and the signs of internal hemorrhage. These symptoms may all be slight and repeated several times, or the patient may die very suddenly at the first attack. After about the second month, all the pelvic organs become extremely tender and

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sensitive to the touch. The uterus is more or less fixed and immovable, and laterally or posterior to it a tumefied mass can be felt, which may easily be mistaken for an ovaritis, salpingitis, or cellulitis.

When a married woman, who has not menstruated for two or more months, presents these symptoms, especially if there is a history of several years' sterility, I believe the abdominal cavity should be opened for the purpose of an exploration and an accurate diagnosis. The abdomen being opened, the fœtus may be found in the tube, in the broad ligament or in the abdominal cavity. There has been a great diversity of opinion as to where the ovum became impregnated, but I believe the consensus of medical opinion at the present time is that usually, if not always, it takes place in the Fallopian tube.

But it is not the purpose of this paper to treat of ectopic gestation, but simply to report a case which came under my observation not many weeks ago.

Mrs. S., aged thirty-six years, has been married twelve years, and has borne no children. Has always menstruated regularly until May 15, 1895, which was the date of the last menstruation.

July 1, at six A.M., she had a sudden sharp pain in the abdomen, and for a short time felt quite faint. As she had been having considerable flatulence just previous to this, and as the pulse and temperature were normal, the case was diagnosed flatulent colic, and treated accordingly. She recovered rapidly from this, and soon seemed to be as well as ever, with the exception of a slight bloody vaginal discharge which lasted for about forty-eight hours.

July 9 what was considered the normal menstrual discharge set in, and in a few days became quite profuse. Internal remedies were administered, and the flow gradually ceased. During the last week of July the patient experienced considerable uterine pain, with a discharge of fine coagula. She also noticed a difficulty in flexing the left thigh on the abdomen.

During the first week in August she suffered very severely from pain, and her physician now noticed a slight swelling on the left side of the abdomen, just superior to the pubes.

August 12. upon careful examination, besides the swelling, there was revealed a badly prolapsed and retroverted uterus, which closed the rectum entirely. This would seem to be a cause of the extreme constipation from which she suffered at the time.

Now for four successive days, August 13, 14, 15, and 16, she had attacks of severe localized pain, that of the sixteenth being the worst. The pulse during all this time remained of good quality, and was never above eighty-six. At the third successive attack of pain her physician recognized the probability of extra-uterine pregnancy, and I was asked to see the case in consultation. Examination of the abdomen at this time by palpation revealed a tumor, a little to the left of the median line, hard and unyielding, while on the right side, well down in the pelvic cavity, was a large irregular mass, which was soft and doughy to the touch. The contour of the whole abdomen was very

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uneven. Vaginal examination showed the uterus a little to the right, and firmly fixed in position. All the parts were extremely sensitive to the touch.

An operation being decided upon, the patient after careful preparation was etherized, and the abdomen opened in the median line.

Attention was first given to the tumor on the left side, and this was found to be completely embedded in a snarl of intestines, which were strongly adhered to it. Much time was spent in breaking up these adhesions, but finally the growth was entirely freed and brought to the surface.

During these manipulations many blood clots, of various ages, were found and removed. Several well-organized clots were found attached to the omentum. The sac, which was formed by the stripping up of the peritoneum, together with the broad ligament, was punctured, and a large mass of clots removed, followed by a well-nourished fœtus three and a half inches long. The fœtus was of the male sex, the organs of the face and head also being easily distinguishable. No hemorrhage followed the removal of the fœtus, and the growth, including the tube and ovary, was ligated close to the uterus and brought away. Upon examination the right side of the pelvis was found to be filled with a large mass of clotted blood. The clot was quite hard and firm. Its removal took some time, but was finally accomplished. The abdomen was now thoroughly flushed and reflushed till every vestige of blood clot was removed, after which the wound was closed, carefully dressed, and the patient put to bed. She rallied nicely from the operation, with but little nausea and no vomiting. No symptoms of shock. Next morning pulse 116; temperature 101.2° F., which latter was the maximum temperature during the entire convalescence. She slept well and took nourishment well from the first. Bowels moved by salines, sixth day. Patient now considers herself well.

The salient points of the case, those to which I would call your especial attention, are: first, the great amount of intestinal adhesions to the growth; there being no previous history of pelvic inflammation of any kind; and second, the excessive hemorrhage evidenced by the clots and the very slight symptoms of the same, as experienced by the patient.

CREAM IN CONGENITAL CONSTIPATION. — A Brooklyn physician states in the *Medical World* that the main dietetic cause of infantile costiveness is a deficiency of fat in the food. A large percentage can be successfully met by increasing the fat ingested. It has been his practice in the past two years to give the child from one half to one tablespoonful of cream before feeding. The child may refuse to take it readily, but by sweetening the cream with loaf sugar, the child soon becomes fond of it and will accept all that is offered. Upon following this plan your cases of congenital constipation will suddenly diminish, and the child in the very depth of its soul will feel comfort. — *Medical Times.*

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The fifty-second annual meeting of the American Institute of Homœopathy is no longer a matter of anticipation, a something to be planned for, a meeting to attend. It is rather a successfully accomplished fact, a matter of history, a pleasant and stimulating reminiscence, an influence that will become widespread and lasting; for it was one of the largest, most enthusiastic, and satisfactory meetings ever held by our national society.

THE PLACE OF THE MEETING was Detroit, Michigan, a city of magnificent proportions, of great attractiveness, of broad avenues, clean pavements, and a prevalent atmosphere of fruitful activity and prosperity. To those unaccustomed to the sight the river, with its ever-changing fleets, its living panorama, its suggestiveness of pleasure no less than of business, was a constant fascination. A visit to the river banks or a sail upon its placid surface prepared one somewhat for the statement that during the last reported year the total tonnage of vessels passing through the Detroit River actually exceeded that of London and Liverpool combined. The wide avenues, the level boulevards, the immense parks, fresh and brilliant in their early summer green, offered irresistible temptations to those lovers of free invigorating exercise who had brought their "wheels" with them; and many memorable excursions were made by such. Aside from the pleasures offered by Detroit, the material comforts of Institute members and guests were satisfactorily ministered to. Hotel accommodations were ample, and although the first rush threatened to overtax the resources of the magnificent hostelries, which are a credit to the city, adjustments were soon made and comfort was the order of the day. There were nearly three hundred members and four hundred guests registered as in attendance, and it is no insignificant problem to arrange for the reception and comfortable quartering of so large a number. That this was done without crowding or inconvenience of any sort added much to the enjoyment of one's visit, and caused the '96 session of the Institute to be contrasted in this respect favorably with some of its predecessors.

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THE LOCAL COMMITTEE OF ARRANGEMENTS is to be commended on the efficiency and success of its plans for the reception and entertainment of the Institute. Through their efforts the social features of the meeting formed a prominent factor in making the entire session one long to be remembered. It is no small privilege to meet one's colleagues in a non-professional way, to form enduring friendships, to revive old acquaintanceships, to have established within one that feeling of fraternal relationship without which true unity in things professional and scientific can never be attained. These things were made possible at the Detroit meeting and had much to do with the harmonious and effective transaction of business. The Friday evening reception in the commodious Auditorium of Harmonie Hall was conspicuous for its brilliancy. Serious discussions of weighty subjects, routine business, sectional, committee, and other meetings were set aside in favor of a season of relaxation and social enjoyment. There was a large gathering of Institute members and guests, and friends of homœopathy in Detroit, who indulged in the exchange of hearty hand-grasp, expressions of good-will, professional and social gossip; who paid their respects to the genial reception committee and officers of the Institute; who were entertained by some excellent music, and many of whom joined in the dancing, which terminated the festivities of the evening and which was prolonged, according to report, to a late hour.

THE HOSPITALITY OF THE LOCAL COMMITTEE, however, was not to be exhausted by one, even an unusually successful and brilliant effort. The Saturday afternoon and evening excursion to St. Claire Flats was participated in by hundreds. "Everybody went," and the refreshingly cool air of the lake, the six hours' sail on the smooth and wide expanse of pale green water, the gentle breezes, and the occasional outbursts of lively music formed an agreeable change from the hard work and oppressive heat of the city. That the Institute can appreciate generous hospitality was testified to by the enthusiastic and spontaneous exclamations of enjoyment and approval of the Local Committee's generosity heard on all sides.

THE CHARACTERISTIC FEATURE OF THE SESSION. — The '96 session of the Institute was a grand success on the professional and scientific no less than on its social side. To give any adequate idea of the something like one hundred and twenty papers and addresses pre-

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sented during the session and the animated and earnest discussions they gave rise to, to even mention the committee reports that were made and refer to the amount of business transacted, would be to anticipate the secretary's report to be presented in the annual volume of Transactions. The one thing characteristic of the session, and the one thing that will make '96 a memorable year in the history of the Institute and of homœopathy, was the absolutely fearless, candid, and critical analysis of homœopathy, its history, its principles, and its practice, and the conclusion that was reached, after just and calm deliberation of the subject, that homœopathy at the end of its first century had nobly demonstrated its right to existence; that the success of its principles as a working basis fully justified the faith reposed in them; that the defects revealed in the century's trial were remediable and sank into utter insignificance when compared with the vast good it had accomplished; that homœopathy as a system of practice was founded on rational principles which, accurately and faithfully evolved and applied, would ultimately place medicine upon a stable and scientific basis. It was this frank willingness to recognize defects where they existed, this eagerness to detect weak points that they might be strengthened, this faith that homœopathy could withstand the closest scrutiny, these expressions of confidence in the reliability of the law of Similars, this determination to continue unceasingly in efforts to perfect the system, that aroused one's enthusiasm and deepened one's resolve to adhere unflinchingly to the standard under which such accomplishments had been achieved and which gave promise of still greater achievement. The meeting as a whole was a spur to one's loyalty through being a convincing appeal to one's reason. And it was this prevalent feeling that stamped the meeting a great success. This success had the effect of stimulating rather than paralyzing effort. Instead of resting content with what had been done, delegates on their way home were found vigorously planning papers and laying out work for next year, and already lines are laid which promise well for next year's meeting.

MATERIA MEDICA CONFERENCE. — Among the most prominent features of the meeting was the Materia Medica Conference, which convened the day before the Institute opened its session. Although the conference was a meeting of a special committee, it proved to be practically a very important meeting of the Institute. American homœopathy at its best was very ably represented, and the large

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attendance during, and earnest participation in the proceedings proved beyond the possibility of doubting that the study of materia medica and the principles underlying homœopathy has attractions potent to create and capable of maintaining a more absorbing interest than any other subject which comes before the Institute for consideration. This of course is as it should be, and those who have the welfare of the cause at heart will rejoice in the continuing of the committee and the probability of another similar conference next year.

CENTENNIAL ANNIVERSARY. — This recent meeting of the American Institute was more than an annual session of our national society. It partook of the nature of a centennial anniversary of the original promulgation of homœopathic principles by the founder of the system, Samuel Hahnemann. This fact dictated in a large measure the character of the subjects submitted for deliberation, and for the benefit of those who were unable to attend — a regrettable misfortune — it may be desirable to mention some of the topics which were brought before the meeting: —

"Has the law of Similars ever been unequivocally demonstrated by the deductions from general practice, and do we not require its more formal proof by inductive, experimental research?"

"In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ from or fall short of those required by the methods and precautions of modern scientific reseach?"

"In the search for the Simillimum shall we endorse Section 18 of the Organon, which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?"

"The logical basis of the law of Similars; does it commend itself to our reason?"

"The experimental demonstration of the law of Similars; can its existence and operation be proved?"

"The clinical efficacy and superiority of the law of Similars; is it a reliable guide in the practice of medicine?"

"The Materia Medica of 1796 and of 1896."

"The application as well as the similarity."

"Hahnemann's work in Materia Medica."

The "Hahnemann Oration," by President Dudley, was one of the ablest of this series of papers. It was to a great extent biographical and was received with warm approbation.

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INTERSTATE COMMITTEE. — In consonance with the general tone and specific purposes of the meeting the Institute confirmed a movement to strengthen its organization, extend its influence, and unify the homœopathic forces scattered throughout this broad country. This movement was the establishment of an Interstate Committee whose possibilities of usefulness, through wisely directed and energetically expended effort, need not stop short of making the Institute one of if not the strongest medical association in existence.

A circular promptly issued by this committee augurs well for its activity and influence. It gives us pleasure to reproduce this circular as the first product of this newly organized committee.

CASTINE, Me., July, 1896.

Dear Doctor: — At a session of the American Institute of Homœopathy, held in Newport, R. I., in June, 1895, the homœopathic society of each State was requested to appoint two of its members as delegates, to unitedly form an Interstate Committee of this Institute. In the forty-five States of the Union there already exist thirty-three such State societies, twenty-eight of which appointed and reported such delegates. These delegates assembled at Detroit during the recent session of the Institute, organized and carefully considered the relations of the State societies to the Institute and to each other.

In accordance with the recommendations of this Interstate Committee, the Institute adopted the following preamble and recommendation: —

WHEREAS, It is of great importance that our State societies should be in harmony with the American Institute of Homœopathy, therefore, in order to secure this end,

WE RECOMMEND, The revival of the former custom by which the presidents of our State societies shall become honorary vice-presidents, and the secretaries, corresponding secretaries of the Institute, during their respective terms of office.

The following recommendations were also adopted: —

1st. The legal incorporation of all homœopathic State societies, not already incorporated;

2d. The organization and incorporation of homœopathic State societies in States containing a sufficient number of homœopathic physicians, wherever no such organizations now exist;

3d. That it be urged upon all homœopathic State societies to annually furnish the Institute with correct lists of homœopathic physicians and of all homœopathic institutions (including hospitals, colleges, societies, journals, etc.) in their respective States; also, that an annual report of desirable locations for homœopathic physicians

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be prepared by the State societies for publication, and that copies be furnished to the American Institute;

4th. That this Interstate Committee be made a permanent committee;

5th. That each State society shall annually publish a list of its members, together with a *résumé* of its general transactions;

6th. That a system of interstate delegations between our State societies be arranged as far as practicable.

The earnest interest already exhibited in this movement, and the great importance of harmonious and systematic action on the part of our societies and institutions, should lead every State society to actively assist this measure.

Will you kindly report at once to the Secretary of this Committee the name and address of the president and secretary of your State society on June 15, 1896? Also, the number of members and the general condition of the society, together with other suggestions which may be for the mutual benefit of your society and the Institute?

Respectfully submitted,

MARY F. CUSHMAN, M.D.,
CASTINE, Maine,
Secretary of the Interstate Committee.

I. T. TALBOT, M.D.,
BOSTON, Mass.,
Chairman.

In this connection we deem it a privilege no less than a duty to urge all homœopathic physicians not members of State and local societies to immediately enroll themselves as members, to organize such societies where they do not exist, to comply with the request of the Interstate Committee, and to do all that the individual can do towards strengthening the aims of those who are thus laboring to coördinate the body of homœopathic physicians.

STATISTICS. — Among items of general interest might be mentioned the report of the Committee on Organization, Registration, and Statistics, which showed that there are 431 homœopathic institutions in the United States, while there were only 417 last year. The Institute is the largest homœopathic association in the world, numbering 1,616 members; it has eight national associations, one sectional association, thirty-three State societies, eighty-six local societies, thirty-five clubs, seven alumni associations, three miscellaneous societies, sixty-five general hospitals, seventy-two special hospitals, thirty-two journals, and twenty colleges. As has been said, there were nearly

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three hundred members in attendance, and nearly four hundred guests were on the registrar's list. One hundred and three applications for membership were received. This number of new members, although encouraging, is not what it should have been. The number should be, and with a little effort on the part of individual members easily may be, quadrupled the coming year.

THE METHOD OF DOING WORK has been so systematized that the Institute is capable of accomplishing a great deal without friction or loss of time. Committees are numerous, but only sufficiently so to simplify matters and make the proceedings of the Institute more efficient. At the general sessions business matters are disposed of, committee reports are received and acted upon, special addresses are delivered, and topics of general interest discussed. The just and equitable rulings of President Dudley aided materially in the transaction of business. A fuller and prompter attendance at these sessions would doubtless have been appreciated by the presiding officer, who certainly set a good example in promptness and earnestness. The various sectional meetings were as a rule well attended, and were so well arranged as to time that any one having a preference for a special subject had no difficulty in making a choice between the sections in session. The papers presented at these sectional meetings were of a high, uniform standard, and the Transactions for '96 will be a volume worthy to take a place with its predecessors.

INTERCOLLEGIATE COMMITTEE. — One of the most potent committees of the Institute is the Intercollegiate. Its work is done in a quiet, unostentatious way, yet its influence is far-reaching. Year by year it bends its face steadily and courageously in the direction of progress. Year by year its demands of itself are more stringent and more exacting. And year by year its efforts to equalize and elevate the standard of medical education are more and more persistent and successful.

The Institute should surely stand as a solid and helpful unit behind this committee to assist and encourage it in its efforts to improve methods of medical instruction, to harmonize the demands for preliminary or preparatory training of applicants for matriculation, to perfect the medical curriculum, and in its aspirations to have

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homœopathic medical schools fully equipped with facilities for giving students only the best and most thoroughly scientific instruction.

MONUMENT COMMITTEE. — In point of earnestness, enthusiasm, and determination there is probably no committee of the Institute that can equal the Monument Committee. The cause they espouse is a worthy and unselfish one. The speedy accomplishment of the object for which it exists would be an honor to the committee, to the Institute and to homœopathy, no less than to Hahnemann. That humanity owes a debt to Hahnemann is most easily proven. That the profession owes much to Hahnemann is also easily established. That homœopathists, laity and profession, should acknowledge this debt to the extent of raising a memorial tribute to Hahnemann, such as the proposed monument is intended to be, is quite as much a duty as a privilege. And if the members of the Institute, not to mention homœopathic physicians who are not members, were imbued with a fraction of the earnestness, enthusiasm, and determination characteristic of the Monument Committee, the year '96 would not pass before the funds needed to complete the monument would be not merely subscribed but actually paid in to Dr. H. M. Smith, the secretary of the committee.

THE PHARMACOPŒIA. — The pressing necessity for, as well as the advantages to be derived from, an International Pharmacopœia have frequently been referred to in these pages, and it should be matter for general rejoicing that the work under its able management is being rapidly pushed to completion. A large part is already in type, sample fascicles being exhibited to the Institute, and much of the remaining portion is in finished manuscript. It is not unlikely that before '96 has joined the centuries, certainly before another meeting of the Institute, the work in its completed form will be ready for the profession.

THE NEXT MEETING PLACE. — The selection of a place for holding the next session of the Institute is always an exciting function, but there seemed this year little difficulty in deciding that Buffalo should be visited next year. The novel idea was advocated of chartering a steamer and making a tour of the lakes to Duluth and back, holding the meetings *en route*. The decision of the matter was left with the executive committee, with the probability that, enticing as the scheme is, the decision will be adverse.

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IN THE ELECTION OF OFFICERS satisfactory use was made of the Australian ballot system, with the result that hereafter it will be the method resorted to. The officers elected for the ensuing year are: Dr. J. B. G. Custis, of Washington, president; Dr. C. E. Walton, of Cincinnati, first vice-president; Dr. C. C. Miller, of Detroit, second vice-president; Dr. Eugene H. Porter was reëlected general secretary, and Dr. Frank Kraft recording secretary; Dr. E. M. Kellogg and Dr. T. F. Smith were reëlected treasurer and assistant treasurer; Dr. A. C. Cowperthwaite was reëlected to the board of censors, and Dr. H. L. Aldrich was elected registrar.

THE FUTURE. — The prospects for the Institute were never brighter, and with a continuation of the spirit which dominated this recent session, a spirit of confidence in the solid establishment and reliability of homœopathy and its principles, a determination to get at the truths underlying the practice of medicine, and an increased interest in the study of materia medica, the future of the Institute can be but an unbroken series of brilliant achievements.

REVIEWS AND NOTICES OF BOOKS.

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THE ERA PUBLISHING COMPANY, of Chicago, announces that it will present to the profession a complete "Manual of Surgery," the work of the joint authorship of Prof. Chas. Adams, M.D., and of Prof. H. R. Chislet, M.D. Dr. Chas. Adams, surgeon, as attending surgeon to Cook County Hospital, and professor of surgery in the Chicago Homœopathic Medical College, has made a record both in the lecture room and in the clinical amphitheatre that has given him a position among the leading surgeons of Chicago, without regard to "school." Dr. H. R. Chislet, surgeon, who shares equally with his collaborator the work of authorship, has an enviable reputation in his specialty. As professor of surgery and clinical surgery in Hahnemann Medical College and Hospital — the oldest of our colleges in the West, and one that is renowned for its great clinical facilities — he is, by virtue of his talents as an instructor and his skill as an operator, accorded a position that is second to none. The design of the authors, in their joint labors, is to give to the profession not a huge, unwieldy volume, but a work that shall be eminently practical. Not only can the student use it throughout his college course, but the practitioner can rely upon it in all his surgical work. It will be especially devoted to the diagnosis and the treatment of surgical conditions and surgical diseases. The book will contain some five or

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six hundred pages; it will be fully illustrated, finely printed, and handsomely bound, and in every respect made to sustain the reputation of the Era Publishing Company for issuing works which are choice specimens of the printer's art. The price will be about $5 — possibly less.

AN AMERICAN TEXT-BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS. Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., PH.D. Second Edition. Philadelphia: W. B. Saunders.

This is distinctly a handbook of surgery comprised in a total of 1248 pages. As a specimen of the bookmaker's art, it is deserving of the highest commendation. In comparison with the first edition, it shows distinct marks of progress. A slightly smaller size of type is employed, and the lines are not quite so heavily leaded. This is all accomplished without detracting in any degree from the clearness of the text. There are thirty-seven plates and numerous text illustrations.

The principal changes observed are important additions to the "effect of small arms, and military surgery," a new section on "Acromegaly," the Hartley-Krause method of removing the Gasserian ganglion, the osteo-plastic method of resection of the skull, Shede's operation in the surgery of the chest, Witzel's method for gastrostomy; the use of Murphy's button, the consideration of retro-peritoneal tumors, castration for enlarged prostate, symphysiotomy, MacEwen's method of compressing the aorta in amputation at the hip joint. Fractures, dislocations, appendicitis, and breast operations are treated more in detail and up to date. A large number of new illustrations are noticeable, and are uniformly excellent.

It seems to the reviewer that the matter of antiseptic surgery is not quite as clearly written as it should be. The paragraph treating of this subject begins with the usual legend, "asepsis and antisepsis." It is confusing to the mind of the beginner in medical studies to meet these terms thus associated, and to seek to understand just what each individually means; and in reading through this paragraph, it is doubtful if the most receptive mind could other than conclude that these terms are nearly synonymous. It has for several years seemed to the reviewer that this matter is greatly simplified by thinking of asepsis as a condition, and antisepsis as a method. Asepsis (without sepsis) is the ideal condition sought, and is secured by any method which effectually destroys or renders inert any septic material which might otherwise be brought in contact with the wound through instruments, dressings, the operator's hands, etc. The method is antisepsis (against sepsis), and should be thought of as an *antiseptic method*, whether heat alone and scrubbing in plain soap and water be depended upon, or these be combined with chemical antiseptics.

There is opportunity for criticism also of the treatment of anæsthesia. On page 1121 the admonition is given, "do not begin an operation until patient is entirely under the influence of the anæs-

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thetic"; and the preceding sentence states that "when the eyelids can be raised without resistance, and the cornea is insensitive, the patient is fully anæsthetized." Two conditions only are called for in surgical anæsthesia: abolishment of memory and of reflex muscular contraction. Ether is a most wonderful anæsthetic in the rapidity with which memory is abolished. It usually occurs in from two to three minutes. This is all that is called for on the part of the patient. The surgeon requires for the performances of a surgical operation perfect relaxation of the muscular system. This does not occur so promptly under ether anæsthesia as with chloroform, but varies with different patients, and is always a stage not far removed from the danger line. The matter of proceeding to an operation before this stage is reached is a perfectly safe procedure, though at times impracticable. The reflex muscular action observed in superficial anæsthesia appears to exist because the paralyzing influence of the anæsthetic has not yet reached the spinal nerve centres. The administration of a moderate dose of morphia a short time prior to the operation appears to inhibit the reflex activity of the cord, and thus enables anæsthesia to proceed without inducing such an extremely profound state of narcosis.

It is a source of regret that the rather common affection, felon, has not received a more careful consideration. The same careless classification noticed in older text-books is observable here, and no distinction made between paronychia and other forms of finger inflammation. Paronychia should always mean inflammation about the nail, and nothing else, and such should not be called whitlow. The deep periosteal inflammation which takes its origin under the periosteum on the palmar aspect of the tip of the finger may be called felon or whitlow, but never paronychia. It would be still better classification to always call it periostitis.

These are minor defects, however, and the book as a whole bears the imprint of scholarship and comprehensive knowledge of surgery. Eleven other surgeons beside the editors, all of acknowledged ability, and some of national reputation, contribute to the work. Although the scope is considerably increased as a whole in the new edition, it exceeds the old edition in size by forty pages only. * *

COLD-CATCHING, COLD-PREVENTING, COLD-CURING WITH A SECTION ON INFLUENZA. By John H. Clarke, M.D. Fourth edition. London: James Epps & Co.

"The value of a therapeutic system and the proficiency of a physician are shown most of all in little things;" so says Dr. Clarke in this very useful little book, and the little book itself offers convincing testimony to the great value and success of homœopathy in treating an affection which, though overlooked by writers of scientific text-books on practice, produces in the aggregate a vast amount of suffering. The subject is treated in a concise, bright, and particularly interesting manner, and is well calculated by the directness of its dic-

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tion, the clearness of its advice, and the simplicity of the treatment recommended, to win friends to the system which seems so well equipped for dealing with this common enemy of mankind.

Short and readable chapters are given to the symptoms and pathology of "colds," to cold-catching, cold-preventing, cold-curing, the medicinal treatment of acute and of chronic colds, nasal polypus, and hay fever. This edition differs from its predecessors in containing a section on "Epidemic Influenza." There are those who, basing their opinion on "clinical experience" plus an analytical study of the pathogenesy of baptisia, are not prepared to agree with Dr. Clarke's opinion that this drug is "the nearest to a specific for the disease," and there are those who would like to have seen eupatorium perf. included in the short list of remedies recommended as useful in "Influenza."

The book concludes with an admirably concise "materia medica" of the twenty-nine remedies referred to in the text. The deserved popularity of the book will doubtless be markedly increased by this revised and enlarged edition.

COLOR-VISION AND COLOR-BLINDNESS. A PRACTICAL MANUAL FOR RAILROAD SURGEONS. By J. Ellis Jennings, M.D. Philadelphia: The F. A. Davis Co. 110 pages. Cloth, $1 net.

This is a most interesting and practical book. The mind is first prepared by a clear analysis of the theory of color perception, and is then carried on by a natural sequence to a practical application of its principles to the important affairs of life. The author has succeeded in condensing into some 109 pages all that is needful for a working knowledge of the present status of the subject, and has given us a description of the most important tests for detection of color-blindness.

We are pleased to note the clear and sizable type that the publishers have made use of in the composition of this book. It is an additional inducement to the intending purchaser.

THE PRACTICE OF MEDICINE: A CONDENSED MANUAL FOR THE BUSY PRACTITIONER. By Marvin A. Custis, M.D Philadelphia: Boericke & Tafel. Price, half morocco, $2.00 net.

This is a beautifully gotten-up little volume of 367 pages, flexible covers, gilt edges, and clear typography. The subject-matter is arranged according to anatomical and physiological "systems" so far as possible, and a full index facilitates reference to any given disease. In the wide range of diseases discussed it is the fullest and most comprehensive of the smaller manuals possessed by our school, the section on Diseases of the Nervous System, including general or functional diseases, being unusually satisfactory for a book of its size and scope. Leucocythæmia, pernicious anæmia, pseudo-hypertrophic paralysis, Addison's disease, Thomsen's disease, Raynaud's disease, and such topics, not usually found in similar manuals, are here recognized as worthy description, although in the nature of

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things the suggested treatment of such troubles is not particularly encouraging.

The plan of the book is to give brief paragraphs to definition, etiology, pathology, symptoms, differential diagnosis, prognosis, and general treatment of each disease, following this with a short list of appropriate and excellently well-chosen remedies, each remedy being represented by a careful selection of its most characteristic and reliable symptoms. Had the author omitted lac caninum and psorinum from the remedies recommended for diphtheria and chronic coryza the majority of those who are likely to make use of the book would not have been displeased. A short section on venereal diseases would have enhanced the value of the work, for such diseases are more commonly met with than are many of those included.

The book as a whole is practical, easy of consultation, and suggestive; and it is doubtless destined to win many friends for itself, as well as earn much credit for its author.

SOME PROLEGOMENA TO A PHILOSOPHY OF MEDICINE. BY Giles F. Goldsbrough, M.D. London: John Bale & Sons. pp. 66.

Essays of this character are not as common as they might profitably be. The physician overweighted with the so-called "practical questions" and responsibilities of professional life, and continuously seeking for means wherewith to relieve or cure the sufferings of his patients, rarely takes the time needed to work out guiding principles, or construct philosophical explanations of the phenomena constantly presenting themselves to him. Under the urgent pressure of the necessity for immediate action he must do the best he can with the means at his disposal. He feels that it is not as much his function to explain as to do. And yet he knows that he works most effectively who works most intelligently, who has the deepest insight into and most thorough comprehension of all the factors entering into the problems before him. The essay under consideration is valuable, not because it gives instruction in regard to the treatment of any given disease or class of diseases, but because it attempts in a logical manner to get at the underlying principles of life itself, of health, of disease, of physiology, of pathology, of the treatment of diseases, etc., and because after formulating a theory of life as a philosophical basis he makes use of it in explaining the action of drugs applied in accordance with the law of Similars, in showing the scope and limitations of that law, in supporting some of Hahnemann's inductions, and in illustrating the explanatory and guiding usefulness of such a theory of life in the practice of medicine. As he says for himself: "Ever since I perceived that there was a single fundamental law, operating in the single basis of life, it has given me an insight into the processes of life in health and disease, and has been a guide in treatment, such as I could never have anticipated a possession of." He criticises Spencer's theory of life as

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insufficient, and reviews Drysdale's protoplasmic theory, which he is inclined to adopt, modified by the addition of the fact that "life increases itself by its own activity." His theory in full is: "In absolute dependence on the phenomena and laws of physics and chemistry, life is a mode of energy, *sui generis*, occurring simultaneously in the resting and active conditions. The law of its resting condition is the purpose of the active. The law of the active condition is that it increases itself by spending itself."

The substance of the essay was delivered before the British Homœopathic Society as a presidential address.

THERAPEUTICS OF THE EYE. By Chas. C. Boyle, M.D., O. et A. Chir. New York: Boericke, Runyon & Ernesty. 1896. 404 pages.

We are favorably impressed by the above-mentioned therapeutic index. Time and use are needed to develop its full value, but we believe that its arrangement of text is serviceable and convenient, and that it will be found to be of practical utility to the busy oculist and physician. Unlike Norton's Ophthalmic Therapeutics, the anatomical and pathological observations have been omitted, and the book has been divided into three parts, each dealing exclusively with materia medica. Part I consists of alphabetically arranged symptoms pertaining to the eyes, being displayed under four groupings, viz., special indications, general indications, aggravations, and ameliorations. Each symptom is followed by a suggestion of remedies that have similar provings. Part II is designated "Applied Therapeutics," and has symptoms grouped under the anatomical section of the eye. Part III is a repertory. All three parts are arranged alphabetically for ready reference.

We predict an extensive sale of this, and heartily commend it to all those who desire a homœopathic guide to treatment of diseases of the eye.

OBSTETRIC ACCIDENTS, EMERGENCIES, AND OPERATIONS. By L. Ch. Boisliniere, A.M., M.D., LL.D. Illustrated. Philadelphia: W. B. Saunders. 1896. Price, $2.

In the author's preface it is stated that "this book is not a treatise on midwifery nor a manual of obstetrics, of which there are excellent ones already written. It is intended for the use of the practitioner who when away from home has not the opportunity of consulting a library or of calling a friend in consultation."

A practitioner having been properly qualified should not need such a book in his practice of obstetrics. The idea of physicians having to carry around with them a supply of reference books, upon one of the most important branches of practice, should be scouted by every cultured physician. If a practitioner is not reasonably well versed in obstetrics, in what department of medicine can he be expected to shine?

The whole subject of abortion shows an unexpected lack of

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knowledge of modern methods. The method of tamponing recommended by the writer is clumsy. He seems to have either forgotten or ignored the value of the curette and the use of antiseptics. The book simply contains a portion of the knowledge which should be in the possession of every obstetrician, and is by no means free from the superstitions which obscured the art of midwifery before the advent of bacteriological diagnosis and the perfected arts of auscultation, percussion, and palpation. It is to be regretted that the author's work should fall so far short of the splendid work done by the publishers. It is even more to be deplored that the publishers were so ill advised as to bring out such a work, which is simply a hash of obstetrical methods, by no means well flavored with the pungent odor of modern obstetrical research.

The illustrations are by far the best feature in the text, if one may be permitted the liberty of this expression. C.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES. Designed for practitioners and surgeons. By S. G. Gant, M.D. With two chapters on "Cancer" and "Colotomy," by Herbert William Allingham, F. R. C. S. Eng. Philadelphia: The F. A. Davis Company. 1896.

One conversant with the diseases of the rectum, practically, must hail with delight the author's very clear presentation of the various subjects treated in this work. The style is concise, and yet he gives sufficient attention to detail without dealing with many of the senseless antiquated theories which have befogged the medical mind concerning the diseases of the lower end of the gut.

It is also refreshing to read such a work, for the author does not lay all the ills of the human body to "reflexes" originating in the rectum. There are two chapters in this book which the reviewer has never found in any other work of its class. They are, namely, "Railroading as an Etiological Factor in Rectal Diseases," and "Auto-Infection from the Intestinal Canal."

The publishers are to be congratulated for the very admirable manner in which they have constructed the book. C.

PREGNANCY, LABOR, AND THE PUERPERAL STATE. By Egbert H. Grandin, M.D., and George W. Jarman, M.D. Illustrated with forty-one photographic plates. Published by The F. A. Davis Company, Philadelphia, and by F. J. Rebman, London. 1895. Price, cloth, $2.50.

It is rare that a work written by two authors contains that unity which should be a preëminent quality of every work designed for a text-book. This work is no exception to the rule; while there is much of value in it, there is practically nothing which cannot be found in the standard text-books upon obstetrics, used in our best medical schools. Alas! there are many omissions which render it almost useless as a work of reference.

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If the commercial spirit could be eliminated from authors and publishers alike, the medical world would not be flooded with so many works which simply repeat the errors of the past, and in a dull, stupid manner reiterate the brilliant teachings of the leading obstetricians of the present time. C.

GLEANINGS AND TRANSLATIONS.

—:o:—

ABSINTHE IN EPILEPSY.—Absinthe, says Dr. James Kitchen, is a remedy that I have now been using for over twenty years in various nervous affections, more especially in epilepsy. I refer particularly to epilepsy and epileptic affections, from the fact that I have derived more benefit from absinthe in mild and in severe attacks of that disease than in other cases in which I have been in the habit of administering it. I was induced to give it in such cases from various accounts I met with in French papers and journals of its effects when used as a common drink among the French people. Its deleterious effects when thus taken were chiefly noted on the nervous system. The hospitals and asylums of France were filled with inmates suffering from every grade of nerve poisoning as a result of its use.—*Homœopathic Recorder.*

ELECTROLYSIS IN STRICTURES.—Dr. J. A. Fort describes in the *New York Medical Journal* his method of treating strictures by electrolysis. He says: "My electrolyser has all the advantages of the urethrotome and none of its inconveniences. It looks like a small whip of which the handle contains a metallic wire projecting from the end which connects with the flexible part. This instrument, being first introduced into the urethra, is connected with the negative pole of a continuous current battery, and the positive pole is connected near the affected part, on the front of the thigh or over the pubes; then the current is turned on.

"The operation, which is almost painless, requires thirty seconds (on an average), with a current of strength of at least ten milliampères, as indicated by means of a galvanometer. The electrolyser remains perfectly cool during the operation. In nearly all cases there is no bleeding, or but very little. The urethra is made aseptic before and after the operation, in order to prevent fever. I never allow a sound to remain permanently in the urethra for any length of time after the operation."—*Maryland Medical Journal.*

A MORE RADICAL METHOD OF PERFORMING HYSTERECTOMY FOR CANCER OF THE UTERUS.—Clark (*Johns Hopkins Hospital Bulletin*, July-August, 1895), making practical application of catheterization of the ureters, has suggested a method of extirpating a considerable portion of the broad ligaments with the cancerous uterus. His technique is as follows: Bougies are inserted into the ureters under

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cocaine anæsthesia. The patient is then etherized, a free abdominal incision is made, and the upper portions of the broad ligaments, with the ovarian ligaments, are tied. The bladder is then separated and the uterine arteries exposed and dissected out an inch beyond the vaginal branches, where they are ligated. The ureters are dissected free, when the remainder of the broad ligament is tied close to the iliac vessels and divided at its pelvic attachment, the dissection being carried well below the cancerous area. The vagina is then perforated with scissors and is tied in segments and divided. A strip of gauze is passed down into the vagina, and the peritoneal flaps are sutured over the raw surface. Finally, the pelvic cavity is irrigated and the abdomen closed without drainage.—*American Journal Medical Science.*

PASTEUR.—At the commencement of the meeting of the Société Française d'Homœopathie, on the ninth of October, Dr. Marc Jousset, Vice-President, in the chair, said: "Gentlemen, before passing to the order of the day, I think I ought briefly to refer to the great *savant* who has recently died. Pasteur was not a homœopath; it is even probable that the point of departure of his researches proceeded neither from homœopathy nor from our works; at the same time it is perfectly true that the therapeutic results he arrived at, particularly with regard to hydrophobia and diphtheria, present a sufficiently striking analogy to two of the great principles of homœopathy, the law of Similars and the smaller dose. In curing hydrophobia by preparations derived from spinal cords of animals suffering from rabies, diphtheria by a serum prepared with the toxines of diphtheria, Pasteur went beyond homœopathy, he went to isopathy; this was then, absolutely, an application of the law of Similars, the foundation of the Hahnemannian reform. In using the rabic virus attenuated by its passage through animal organisms, in employing a serum prepared with diphtheritic toxines attenuated in a particular manner, Pasteur made something analogous to our dilutions. The Société Française d'Homœopathie ought, then, to extol his memory, and to render to him the tribute of admiration of which he is worthy."—*Revue Homœopathique Française.*

HYSTERICAL PERSONS AND THE X RAYS.—In the *Nouveau Montpellier Médical* for April 25, Dr. P. Bosc remarks that in several recent articles on the Röntgen rays the opinion had been expressed that the curiosities of vision observed in the hysterical might perhaps be due to their perceiving these rays. With this in view, Dr. Bosc examined a girl, fifteen years old, who was affected with hemianæsthesia and astasia-abasia, but whose vision seemed normal. Between the Crookes tube and the girl's eye he placed a broad screen of two thicknesses of black paper. The light was obtained with a Holtz-Carre static machine. Under these conditions, neither he himself nor the girl's mother could see anything. The patient, on the contrary, saw very clearly, and with each eye separately, a light which

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she said was "like a lamp." As long as the current was passing she saw distinctly; as soon as it was interrupted, she could see nothing. At the time of making the interruption Dr. Bosc kept up a production of sparks, so that the girl did not know that he stopped the current. He remarks that it was a curious thing that the girl's perception of light varied with the luminous intensity of the cathode rays, the tube being the same, which would seem to show that, always for the same tube, the production of Röntgen rays was in direct proportion to that of cathode rays. — *New York Medical Journal.*

HEREDITARY TUBERCULOSIS. — Bolognesi (Thése de Doct., Paris, November 6, 1895) has examined for tubercle bacilli the placentæ from thirteen tubercular women, and in several cases the organs of the fetus. Once tubercle bacilli were found in the blood of the mother. In eight cases where the fetus was born dead, or died in a short time, the organs were examined histologically and by inoculation of animals for tubercle bacilli. One hundred and nineteen guinea-pigs were inoculated with the various materials, and also eleven rabbits. Of these, two guinea-pigs inoculated with a placenta from one case died. From these results, together with the experience of former workers, the author concludes that the inheritance of tuberculosis from the side of the mother is usually a disposition ("*hérédo-prédisposition*"), while the direct transfer of the bacilli ("*héredo-contagion*") occurs but rarely. This latter may take place (1) if there is miliary tuberculosis of the mother, with tubercle bacilli in the blood; (2) if there is placental tuberculosis which has produced such lesions that the passage of the bacilli is no more prevented; (3) if there is uterine tuberculosis which favors the occurrence of placental tuberculosis; (4) if the amniotic fluid contain bacilli and be swallowed by the fetus.— *Medicines.*

PERSONAL AND NEWS ITEMS.

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DR. FRANCIS BRICK announces the removal of his office and residence to the new Whittemore Block, 8 High Street, Worcester, Mass.

DR. HENRY TUCKER, of Lakeport, N. H., has resumed active practice and has opened an office in Laconia, N. H.

DR. F. D. WORCESTER has removed from Springfield, Vt., to Keene, N. H., where he has opened a practice in the office formerly occupied by the late Dr. H. H. Darling.

DR. PRATT'S annual class for instruction in Orificial Surgery will be held at the Chicago Homœopathic Medical College during the week beginning September 7.

DR. JAMES A. THOMPSON has located at No. 14 C Street, Providence, R. I.

DR. HENRY H. AMSDEN, class of '96 B. U. S. of M., has located in Attleborough, Mass.

DR. D. H. SWOPE, class of '96 B. U. S. of M., has opened an office at No. 101 Main Street, Brockton, Mass., residence at 635 Summer Street, of the same city.

DR. GEORGE B. CARR, class of '95 B. U. S. of M., has located at No. 8 Breed's Square, Lynn, Mass.

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THE

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COMMUNICATIONS.

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AUTOPROPHYLAXIS. EVERY MAN HIS OWN GERMICIDE.

BY JOHN PRENTICE RAND, M.D., WORCESTER, MASS.

[*Read before the American Institute of Homœopathy at Detroit, June 22, 1896.*]

Infection and immunity are the alpha and omega of pathology. To know the one and fully to understand the other implies a corresponding knowledge of disease. To the careless observer nothing is more simple. To the thoughtful student nothing more profound. The physician of the past studied mainly phenomena. The physician of the present is ever asking why. I wish I could bring to you the ultimate verdict of science to show that all these knotty questions of pathology had been answered. I wish I could even assure you that our knowledge of infection was supplemented with a corresponding knowledge of prophylaxis. But the fact is, with all our attainments, we know but little. As we look ahead it seems as if we had everything to learn. And yet compared with the standards of twenty years ago a great deal is known. In Lister we see the dawning, in Koch the clearer day. What Joshua shall lead us on until the walls of superstition and ignorance no longer hide the citadels of disease?

But to my theme. John Bunyan in his Holy War made immortal the town of *Mansoul*, and in it and around it he drew his master picture of attack. With equal touch I would I might present to you a picture of *manshody* engaged in most unequal combat with disease.

And first, what is disease? So far as known in most instances, it is the result produced by the entrance and multiplication of hostile germs within the economy. In many forms these germs have been distinctly recognized and are made to grow in cultures as flowers in the sun. We see, touch, handle, yes, more, produce specific diseases at will. In other diseases the specific causes have not been discovered, but, as all forms of life must be governed by the same general law, it is fair to suppose, at some future day, we shall find them out.

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A curious fact has long been observed in connection with certain forms of so-called contagious disease, namely, that a person once affected was ever afterwards immune and no amount of exposure in such an individual would produce a second attack. The question then arose, upon what is this immunity dependent, and the profession of to-day is still grappling with it. In 1880 Chauveau suggested that immunity came from some bacterial product *stored up* in the tissues by reason of a single attack which prevented the development of the same organism should it again gain entrance into the system. Pasteur on the other hand claimed that the same immunity was due to an *abstraction* from the tissues of some element necessary to the growth of infecting germs.

In 1884 Metschnikoff published what has since been known as the doctrine of phagocytosis, the principle of which is that the wandering blood cells, or leucocytes, have the power of taking up and even digesting any micro-organisms with which they come in contact. But Nuttall in 1888 demonstrated that blood serum when quite free from all cellular elements possessed the same power of immunity, and many have since confirmed his observations; among others, Buchner, who carried these investigations still farther and sought to distinguish the particular element in blood serum to which immunity was due. In the course of his experiments he found out that a dilution of the serum, which, with distilled water, would destroy its germicidal action, could be made with a (0.6—0.7 per cent) solution of sodium chloride without producing such effect. Stranger still, he found that the germicidal power of the serum was greater when *alone*, than when the cellular elements of the blood were present.

Though apparently refuting the theory of Metschnikoff, he did not deny the observations of the latter, but explained them by the assumption that in the serum alone the germicidal element predominates; whereas in the blood as a whole it is overbalanced by the nutrition afforded by the disintegrating cells. The leucocytes, however, he claimed have a most important function, not in destroying living bacteria, but as yielding to the body fluids, defensive proteids, of which sodium chloride is an essential constituent, by which the toxic products of germs are overcome, and this view perhaps comes as near to our present knowledge of the subject as any, for Abbott in his "Principles of Bacteriology," published only last November, summarizes infection "as a contest between bacteria and living tissues, conducted on the part of the former by means of the poisonous products of their growth, and resisted by the latter through the agency of proteid bodies normally present in and generated by the integral cells." The result in every case of course depending on the strength or weakness of the contending forces.

This brings me to the very centre of my subject; prophylaxis in the individual. How can it be accomplished? And in speaking of this question from the side of the economy, I do not wish to be understood as reflecting in any degree upon the utility of that score

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of germicides upon which the profession of to-day rely so much. The germ theory is the key to pathology in general, though the yale-lock combinations of some diseases have not as yet been discovered.

Disease, then, may be divided grossly into two classes, the inevitable and the conditional. To the first belong the contagious diseases of children, for which idiosyncrasy is perhaps the only immunity. To the second, the zymotic diseases of the adult.

Of the first I will not speak. It seems a part of great Nature's program that every child should have them, and if by reason of isolation one escapes, increase of years brings with it no absolute promise of immunity. Indeed, Dame Nature, if thwarted in her plans, seems to take a malicious delight in exacting compound interest from every adult who "cut" her diseases in youth.

Immunity to children's diseases is the exception, not the rule. The strong and the weak alike have them. The measles of to-day are the same that our grandfathers had, and they knew just as well as we know how to prevent them.

Not so with our second class of diseases, of which cholera, typhoid fever, and tuberculosis are the type. Our fathers knew nothing of their etiology and hence were powerless to escape. Contagion spread from one individual to another, while they bowed their heads in silent submission as being chastened by the Lord. And yet, with consumptive patients sleeping in the same beds with the healthy, and with privies, sink drains, and water supplies all in direct communication, some escaped. How did they do it? Let the subject of this paper reply.

Now I contend that the *theories* of immunity (and so far it must be conceded that they are theories) are of slight importance compared with that most vital issue, are we immune?

Of what earthly consequence is it in what way the germs of disease are disposed of, whether by stored-up antidotes, starvation, phagocytosis, or the protecting proteids of the serum, compared with the question, are they truly destroyed?

Immunity, then, is the meat of the whole business, and until scientists can agree upon what it depends, it behooves us lesser lights to waste no time in speculation, but strive by every safe-tried way to obtain it.

The way to insure credit is to be rich. The way to escape disease is to be well. People have been known to drink the cholera germs with impunity; to be inoculated with leprosy without harm; to pass through the plague and pestilence unscathed. "To him that hath it shall be given, and from him that hath not shall be taken away even that he hath."

With many diseases the question of infection is simply one of resistance. Be we never so careful, there is no possibility of escaping exposure. The food we eat, the water we drink, the air we breathe, are freighted with germs, and if our tissue boards of health are not efficient, infection is sure to follow. Especially is this true

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of that scourge of modern civilization, tuberculosis. And yet there is no disease so uniformly fatal in which a robust constitution counts for so much.

Dr. Sims Woodhead says, "A perfectly healthy individual placed under favorable conditions as regards food, fresh air, and exercise is never attacked successfully by tubercle bacilli."

The reason why so many shake off and even escape tuberculosis is that the tubercle bacilli as compared with certain other forms of pathogenic bacteria are slow of growth. They enter the system with a flag of truce, and, if the vital forces can only be aroused, may be driven out.

Cholera takes the castle by storm; tuberculosis, by siege. It starves the tissues by cutting off supplies, or what is more correct, attacks those tissues from which the supplies have been cut off. With one seventh of our population dying year by year from consumption, it is useless to think by any means of escaping exposure. It is only left to put our bodies in the best possible condition and man ourselves bravely for the attack.

Let us then consider for a few moments some of the homely practical ways of preventing this particular disease and note, if we can, how every man can successfully be his own germicide.

And to this end my first suggestion is, *live in the sunshine.* The sunlight is a deodorizer, antiseptic, and germicide all in one. It will kill cultures of many virulent bacteria in a few hours. It will prevent moulds and parasitic growths. It will purify a damp, unsanitary dwelling and make it healthful. In round figures, the sun shines twelve hours a day. The Creator evidently intended that period for work, but man, with short-sighted devices, has upset the "decrees," and in many places if the sun did not rise until 10 A.M. nobody would find it out. With our boundless acres and ready means for transportation it is not only needless but cruel to crowd human habitations together. Every house should have a yard around it. The summer sun should shine in every window, and near, but not too near, be found the cooling shade. Let us walk in the light and conform our hours of activity and rest more closely to Nature's program, and we have taken the first steps in sanitary tactics.

And in the second place, I remark, *have plenty of pure air.* Our houses are fenced in with double windows, our rooms are piped for hot water or steam. Not a particle of fresh air can enter through either. If the doors are not left open the air is warmed up and breathed over and over again, day after day, for weeks together.

We complain of cheap boarding houses, but it is infinitely better to be supplied with warmed-up food that has never been actually consumed than forced to breathe the warmed-up air that has. We take food about three times a day. We quench our thirst perhaps twice that number of times, but we feed on air thirty thousand times in the same period, and if one must really decide between bad victuals and bad air he will show the part of wisdom to select the former.

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Nor should he be less mindful of his lung food at night. The black hole of Calcutta was hardly worse than some sleeping apartments. With proper ventilation the hours of sleep are hours of rejuvenation, but in many cases we have semi-asphyxiation instead. How, think you, can the blood current shake off disease when drugged to the point of saturation with tissue sewer gas? When will the responsibility of "taking cold" be shifted from a harmless draught to a stifled bedchamber?

But proper respiration implies not only pure air but the ability to inhale it. Did you ever think how strictly a matter of mechanical action respiration is? We do not draw air into our lungs, and we never did. The blacksmith at his forge does not draw air into his bellows. He simply expands the bellows and the air rushes in of itself. The act of respiration, so far as the lungs are concerned, is exactly the same, and in order to execute it properly the guy ropes or muscles of respiration must be in good condition. To secure that, in the first place they must have room to work, and in the second place they must be made to do it. To bind the chest down with tight clothing not only prevents expansion of its walls, but shuts off the blood supply from the thoracic muscles and starves them at their post. No muscle without exercise can be properly developed. No muscle undeveloped can properly perform its function.

Where does tuberculosis almost invariably begin? In the apex of the left lung. Why in the apex? Because above the clavicles the chest wall has little power of expansion. Why in the left lung? Because most people have a weaker muscular development on the left side, and the power of expansion upon that side is correspondingly diminished. Why are the muscles on the left side weaker than on the right? Because they are used less, most people being right-handed.

A friend of mine, an operating dentist, has by much standing upon the right leg at his work increased its circumference two inches at the thigh and one inch at the calf, over the corresponding dimensions of the left leg.

Respiration, then, depends, to a large degree, upon the development of the thoracic muscles; development upon use, and use upon the intelligence and the will. The will, then, in the absence of financial necessity that compels physical exercise, is a prime factor in the sanitary problem.

With many it might be said in respect to physical exercise as Uncle Tom rejoined to St. Clair, "O Massa is good to everybody but himself." The bird is taken out of its cage for a bath. The horse is taken out of his stall for a drive; and even the pet poodle perambulates persistently at the end of his string; but the master, and especially the mistress, if rich, hardly lift their feet from the ground. A carriage is hailed if they wish to cross the street. A servant waits their every beck and call. No wonder they become

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imbecile and helpless. No wonder they become corpulent and diseased like shut-up poultry fattened for the market.

But I must not digress. The question next arises, What forms of exercise are best to produce muscular development and increase of respiratory power? To my mind the simple chest weight which anybody can fasten up in his bedchamber will, without violence or over-action, call into play more of the respiratory muscles than any form of exercise devised. I have upon my back piazza an apparatus of this kind and with it, by the arms alone, I can perform forty-four distinct exercises, bringing into play a different group of muscles each time. I know I am not a good advertisement for the instrument, but really it is my own fault. For months together its handles hang idle, but every time by me employed a sense of vigor creeps through the shrinking muscles of my frame. Dumb-bells and Indian clubs are good but not so beneficial as the above, nor are the latter so readily of use. Rowing and boating are both one-sided exercises, and neither calls into play to best advantage the intercostal or anterior muscles of the chest. Walking of course for all is beneficial, but running, if we only had the opportunity, is far better. Talmage I have read has a race course in his back yard where he runs off his pent-up agonies, and Gladstone seeks relief from nerve strain by swinging the axe. Tennis, ball games, fencing, and boxing are not available to the single individual, and some as at present conducted are far too brutal for health.

All things considered, with a proper saddle and properly employed, the bicycle is the acme of hygienic delight. Its use combines the cardinal principles of health, *pure air*, *physical activity*, and *mental exhilaration*. No exercise can be wholly beneficial that is irksome. The mind should outrun the body in whatever it undertakes. A bright idea, a hearty laugh, a laudable purpose are in their therapeutic effect both stimulant and tonic.

"Functions precede organs and lead to their development" is the lesson taught by evolution. Mind acts mightily upon function, and pleasant occupation must surely be quite as potential to prevent, as cunningly wrought placebos to cure, disease.

As a brisk shower washes our streets and carries untold impurities away, so physical exercise under proper conditions "flushes the capillaries" and drives our effete matter from the system. Exercise, then, is a kind of internal bath and may be set down as a *sine qua non* in sanitary practice.

And this reminds me that the skin has a duty to perform as well as the respiratory apparatus. Next to the heart and lungs there is no organ upon whose function we are so vitally dependent. Cover the skin with an impermeable varnish and death results in a few hours.

I have not time to dwell upon its minute anatomy, with its millions of pores and miles of sudorific ducts, and can only refer in the most cursory way to the importance of keeping these channels of elimination open by the judicious use of the bath. Over-bathing like

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over-exercise defeats its own objects and constitutes in itself a source of disease.

But I must not go on. The remainder of my subjects I can only read by title. Dress, drink, and social dissipation, work, worry, and sexual abuse, all depress the system and render it an easy prey to hostile germs.

The true moralist is never the ascetic. We cannot insure health by fleeing from disease. Use all the antiseptics the wit of man can devise and yet some germs will escape.

"Wherefore seeing we are compassed about with so great a cloud of bacteria, let us lay aside every indulgence and the appetite that doth so easily upset us and let us run . . . with patients . . . the race set before us," knowing that a strong constitution is ever the best preventive of disease, and a robust physique the safest germicide.

REMARKS UPON THE ETIOLOGY AND PATHOLOGY OF TYPHOID FEVER.

BY F. P. BATCHELDER, M.D.

[*Read before the Boston Homœopathic Medical Society.*]

It is not my purpose to weary you with a mere enumeration of the usually assigned etiological factors and pathological features of this disease, but rather to speak of some of them, and elicit, if possible, both candid discussion and criticism.

The term "typhoid fever" has been long employed and served us well, but it never has conveyed to my own mind the same accurate idea that is embodied in the term "enteric fever."

The merest tyro in medicine knows full well that it is in the small intestine (enteron) that the characteristic lesions of this disease are manifest, and other symptoms and lesions are largely of secondary or subsequent development. The word "typhoid" is derived from two Greek words, τυφος = stupor, and ειδος = resemblance. The Greek word τυφωδης is rendered "stupefied." The term "typhoid fever," then, really means a fever resembling stupor (typhus) fever. Typhoid and typhus fevers, clinically and pathologically, are distinct and separate forms of disease, and stupor is by no means a constant symptom of the former; neither do stupor and fever appear at all confined to these two diseased states. In the light of our present knowledge, when accuracy is the great desideratum, the question very naturally arises, shall we continue to give prominence in the nomenclature of disease to a term which but slightly conveys an idea of the true condition?

ETIOLOGY.

To pass now to a brief review of those conditions or factors which are more or less prominent in the etiology of enteric fever. They naturally resolve themselves into two groups: —

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1. Intrinsic, arising or present within the individual.
2. Extrinsic, entering or influencing from without the individual.

Immunity is a term at the present time constantly in the thoughts of the medical profession. In every case observed we find the presence, deficiency, or possibly absence of natural immunity. Is it too strong a statement to make that in health every cell of the body possesses some degree of natural or inherent immunity? Some varieties of cells, as, for example, the leucocytes and hepatic cells, seem to possess this property of protection or of defence in a relatively high degree, not only for themselves, but for the entire organism as well. It is apparently because of the presence or impairment of such natural immunity that we see different individuals exposed to the same influences, on the one hand resisting or on the other succumbing to them with the development of a particular diseased condition.

Of the relatively intrinsic etiological factors age seems to exert some influence, since a large per cent of cases of enteric fever occur between the ages of fifteen and thirty years, with a decreasing ratio upwards and downwards. Children under one year old do not often contract the disease. It is of some significance that many children are nursed by the mother until about the age mentioned, hence are not as open to direct infection as bottle-fed children. Conditions of the digestive tract which impair its vigor, over-exertion, and continued loss of sleep are some of the more prominent factors in preparing a suitable resting place for the infective material.

Of the extrinsic etiological factors, while the character of occupation, poor ventilation, lack of sunlight, and season of year have influence, more prominent than all is the material entering the body by the mouth. The various fluids and solids of our drink and food are not, when sterile, capable in any way of giving rise to enteric fever or other infectious disease.

In the light of our present knowledge, it is these very substances in their ordinary condition which have become infected and bear something which appears to be the preëminent extrinsic etiological factor. This infectious material is the Eberth-Gaffky, or typhoid, bacillus.

As an example of the widespread influence of infected drinking water in causing enteric fever, we have only to recall the able and instructive remarks of Professor W. T. Sedgwick, of the State Board of Health, before this society in January, 1894, relative to the epidemic of typhoid fever in the city of Lawrence; the search and discoveries of the State Board and positive evidence of infection of the water supply with the dejecta from one or more cases of enteric fever.

Of food materials milk seems to lead all else in its liability to become infected. and convey such infective material to those drinking it. There is ample food for thought in the examples of this

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means of communicating the infection in the epidemics of enteric fever in Somerville in 1892; in Springfield, Mass., in August, 1892; in Stamford, Conn., in April and May, 1895; and in Providence, R. I., in November, 1895. You are referred to the *Medical Record* of March 28, 1896, pp. 433 to 440, for data and citations of full reports on these epidemics and forty-nine others which have similarly occurred since 1881.

As examples of infection through another source, in an epidemic of enteric fever among students of Wesleyan College at Middletown, Conn., lasting from October 20 to November 9, 1894, oysters served at certain banquets were found to be the medium through which the infective material reached its victims. It appears that the oysters for those banquets were "fattened" in a shallow fresh-water creek, at a point only 300 feet distant below the outlet of a private sewer coming from a house in which there were two cases of typhoid fever. A portion of that same lot of oysters was shipped to Amherst College, in this State, for a certain banquet held October 12, 1894, and typhoid fever appeared among the participants shortly after.

Imperfect cleansing of the hands in those caring for enteric fever patients is a source of danger. Indeed, I believe that the worst case I ever met was contracted in that way.

Just a few words as to the forlorn hope that typhoid fever may arise from some special activity of the bacillus coli communis found in the intestines in health. Klein,* celebrated for his work in histology, has prepared a most able article based on his own observations. He states certain bacteriological facts or tests which are unquestionable, demonstrating the absolute difference between the bacillus coli communis and the Eberth-Gaffky bacillus (typhoid bacillus). The first mentioned "forms gas bubbles in gelatine shake cultures, curdles milk, and forms indol in broth." The latter gives none of these reactions.

He also states that there is no evidence that these two varieties of micro-organisms ever interbreed. His article was read before a society on September 26, 1894, and I will quote one short statement: "During the last three years I have had an opportunity of examining the mesenteric glands and the spleen of a considerable number of patients that died in the course of typhoid fever between the twelfth and twenty-eighth day, and I have never failed to obtain by microscopical examination and, better still, by culture the bacillus of typhoid fever in considerable numbers. The spleen particularly contained this microbe in very large numbers, and on cultivation yielded crowds of colonies of this bacillus in pure culture."

In the brief space of time alloted to me no attempt will be made to even outline the pathology of this disease. Many thousands of pages have been written upon the subject, to which you can turn at your leisure.

* Etiology of Typhoid Fever. E. Klein, M.D., F.R.S. British Medical Journal, 1894, Vol. II, p. 796.

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There are some features of the pathology to which I ask your attention, without further apology for references to the normal condition for evidence in corroboration. The lesions of Peyer's patches (agminate glands), in the lower portion of the ileum, are well-known characteristics of enteric fever. These structures are among the first to be invaded by the Eberth-Gaffky bacillus. Since they are covered in only by the normal epithelial cells of the intestinal mucosa, there is an ample opportunity for the invasion to occur, with subsequent ulceration, and the close relation of the blood vessels affords ready opportunity in cases of rapid ulceration, abrasion, or loss of power of the blood to coagulate, for hemorrhage, often alarming or fatal in degree, to appear.

We can learn something of the rôle of the solitary glands and Peyer's patches in this disease if we turn first to a brief view of their normal status. As we find intestinal villi and valvulæ conniventes distributed from duodenum to ileocæcal valve, so do we find solitary glands and Peyer's patches, the latter chiefly, in the lower portion of the ileum. The villi and valvulæ have been quite thoroughly studied, and their functions are correspondingly well known. The solitary and agminate glands (Peyer's patches) have not been studied as closely, hence the oft-repeated opinion, "function unknown." There seems to be no doubt histologically of their close relation both to the blood vessels and lymphatics.

Their structure is somewhat similar to that of the lymphatic glands, consisting largely of lymphoid tissue. They are aggregations of solitary glands, which, beside the lymphoid tissue, contain large numbers of so-called "leucocytes." The blood supply is abundant, and, while no lymphatic vessels have been traced into the gland tissue, yet it may be said to hang in the lymph stream. The blood vessels and lymphatics of the small intestine have assigned to them the special function of conveying away the absorbed digestion products. Since the solitary and agminate glands are so closely identified with these same media, it is at least reasonable to believe that either or both bear some more or less important relation thereto. Our present knowledge of the function of lymphoid tissue is by no means complete. As eminent a physiologist as Waller speaks thus on this subject: "It probably acts as a filter, arresting the entrance of deleterious substances, or at least preventing their sudden entrance in mass, and giving time for their subsequent gradual elimination. In correspondence with this view, we find a sheet of lymphoid tissue forming part of the absorbent surface in the villi, in the submucous layer, and collected in nodules in the solitary and in Peyer's glands; . . . and finally on the course of the larger lymphatics we find a second line of probable filtering organs, the mesenteric glands." In the spleen, also, we find more of the lymphoid tissue, with large numbers of leucocytes, etc., and in autopsies made on cases dying of enteric fever it is these very structures, solitary, agminate, and lymphatic glands, spleen, and also the liver, which

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are found invaded by the Eberth-Gaffky bacillus. In view of these facts, we gain some insight into the offices of these various tissues and organs in attempting to guard the system against invasion.

An important pathological feature in this connection is the toxine or product of the activity of the bacilli. It is a subject for future study and research to gain definite knowledge of the exact part taken by these chemical products or toxines in the auto-intoxication and the production and maintenance of the fever in the disease under consideration.

From the frequent occurrence of meteorism, there is reason to believe that the condition of intestinal fermentation noticed in health is greatly augmented.

Another potent factor in the intoxication or self-poisoning is the retention of waste products which result from the tissue oxidation, and are not as quickly or as easily eliminated as in health. We know that urea is the ultimate or finished waste product of nitrogenous metabolism, and it has also been quite well demonstrated that urea is not highly toxic. While, therefore, urea is not responsible for the larger part of the auto-intoxication, it is an exponent of those other substances which, so far as tissue metabolism is concerned, do induce it. The term "uræmia" does not describe the condition of intoxication in a case, be it one of renal insufficiency or otherwise.

It is evident to the candid observer that the enteric fever patient, in spite of all nutritive material supplied, is living to a great degree upon himself. This brings us to the consideration of a pathological feature which demands much careful thought; namely, that of fever. It is an easy matter in any disease to detect the presence of fever, but much less so to form a clear opinion as to why the elevation of temperature occurs. Normally the various tissue changes (destructive or katabolic metabolism) give rise to heat as well as mechanical energy.

The muscular system and glandular tissues generally are looked upon as forming or giving rise to by far the larger part of the heat necessary for life. Each tissue of the body, of necessity, plays a greater or less part in this thermogenic process. Evidence is already accumulating that different tissues of the body are under the influence of the nervous system along the line of heat production and regulation, such that outward traveling nerve impulses increase or diminish such local heat production or loss, apart from or in addition to the usual activity. For example, muscle, governed by the nervous system in this way, can give rise to more heat through internal changes, apart from those during contraction.

In looking for the causes of elevation of temperature in our enteric fever patient we must look not only to heat production, but beyond this, to heat loss. Our bodies lose heat normally through the following channels: —

Warming of fæces and urine.

Warming of expired air and evaporation of water of respiration.

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By conduction and radiation from skin, and evaporation of perspiration. Of the total heat lost, somewhere from 75 per cent to 85 per cent goes by way of the skin.

In the cases under consideration, aside from the compensatory loss in increased respiration, we find little to aid in understanding this problem until we turn to the skin, "the great regulator of body heat loss." In many cases perspiration is entirely absent, consequently heat loss must largely occur through radiation and conduction, which, under average conditions in enteric fever cases, are below heat production. The condition of hot, dry, congested skin is dependent upon changes of nerve influence, such as obtain in certain experiments, where a certain organ will be abundantly supplied with blood, but no secretion follow. Again, with a hot, dry skin, with little or no evidence of excessive blood supply, there usually exists a diversion to internal organs, in these cases the intestines, spleen, etc. The appearance of even gentle perspiration is hailed with gratification, since it is often one of the earlier indications of convalescence, with prospective decline in temperature curve.

Adjuvant treatment, based on these facts, will no doubt be mentioned in the discussion. As to the activity of the digestive organs, making due allowance for drying, due to mouth breathing, the tongue is an approximate exponent of the general appearance of the digestive mucous membrane, and of the greatly impaired activity of the various glands secreting the digestive fluids.

The self-intoxication, before mentioned, is also indicated by the degree of mental excitement or apathy.

In the light of our present knowledge of the etiology and pathology of enteric fever, it remains for us, as conservers of the public health, to consider carefully each measure that can lead to prevention of this malady, and to bend our energies along the line of remedial measures.

HYPERTROPHY OF THE THIRD TONSIL.

BY GEORGE B. RICE, M.D., BOSTON.

[*Read before the Massachusetts Surgical and Gynæcological Society.*]

Three years ago I read a paper before your society on the above subject. My excuse for again presenting it to your notice is, that I have been enabled since that time to see and to operate upon quite a large number of patients suffering from this hypertrophy, and I therefore have a few thoughts to express as the result of practical experience. You are familiar with the fact that the so-called Luschka's, or third, tonsil is but a mass of lymphoid tissue, situated in the upper and posterior portion of the naso-pharyngeal space; that its function is still a matter of doubt, some authorities believing that this tonsil

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acts as a sentinel guarding the respiratory passages by arresting and destroying certain low forms of life finding their entrance through the nose, others believing that it has a secretory function moistening the posterior wall of the oro-pharynx; while again the theory is stated by some that its function is to absorb the excess of mucous accumulations in the naso-pharynx. My own belief is that whatever may be the function of this tonsil, it is very unimportant from the fact that I have examined a large number of healthy children, where at its usual site could be observed only a slight roughness of the naso-pharyngeal wall. Again, this mass, when very noticeable in childhood, practically atrophies, and disappears at some time during the patient's life, usually between the ages of fourteen and twenty. Hypertrophy of Luschka's tonsil is therefore usually a disease of child life, and is of comparatively rare occurrence in adult life, although the deformities resulting from the early hypertrophies are frequently observed. Most of the symptoms of this hypertrophy are so familiar that I need but repeat them — mouth-breathing, snoring when asleep, naso-pharyngeal catarrh, deafness, recurrent attacks of acute otitis, incontinence of urine, imperfect digestion, high arch of the hard palate, protrusion of the alveolar process of the superior maxillary, short upper lip, pinched appearance of the nose with small undeveloped nasal passages, and thick speech. One or all of these symptoms may be present, but the symptoms to which I wish to call your special attention are deafness, earache, and recurring attacks of acute suppurating otitis. These symptoms are more frequent, I believe, than is generally supposed. This hypertrophy of Luschka's tonsil is often an unrecognized cause of ear troubles, and permanent impairment of the function of the ear may in consequence result from this lack of recognition.

The absence or presence of the fore-mentioned symptoms must vary with the extent and location of the hypertrophy thus: if the tonsil fills the naso-pharynx, occluding the posterior nasal passages, we must of necessity find mouth-breathing and its attending results, and we must also find an occluded Eustachian orifice with the lack of air interchange in the middle ear and its attending results. Frequently the location of this lymphoid tissue will be such as to obstruct the Eustachian orifices, while nasal respiration is not interfered with in the slightest degree. Or again, it may so constrict the action of the palatal muscles as to give rise to the thick speech and imperfect deglutition and snoring, without either interfering with the hearing or with nasal respiration.

The hypertrophies may be diffused, but are frequently pedunculated with secondary attachments to the Eustachian prominence, or to the upper posterior portion of the nasal septum. It may be firm and unyielding to the touch, or be soft, gelatinous, and bleeding at the slightest touch of probe or finger. I mention these varied characteristics of this hypertrophy particularly to show why the symptoms are so varied, and why so often the disease is not recognized.

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The diagnosis of this disease is not difficult, particularly after the finger has once become so educated that the conformation and the anatomical landmarks of the normal naso-pharynx are quickly recognized. It is then possible to locate the position and extent of the hypertrophy without causing much pain to the patient or any stretching of the soft palate or injury to the tissues.

Having diagnosed the disease, how shall we treat it? Recognized methods are: first, by giving the indicated remedy; second, by the constitutional remedy and local sprays or applications; third, by operation.

The first is, I believe, a necessity if a perfect cure is to result, but I am very much in doubt as to the wisdom of relying upon the indicated remedy, curative though it may be in time, without resorting to operative interference in those cases where the symptoms are deformity, deafness, or impeded respiration and deglutition.

My reason for making this statement is, that the disease does not respond quickly to the drug. Frequently no effect is observed after two months of remedial treatment. More rarely the condition subsides to such a degree at the end of two months that the continuance of the remedy alone is justifiable. Again, though the post-nasal discharge, respiration, and the child's general appearance may be somewhat relieved, yet the general facial deformity increases, and finally reaches such a point as to indelibly stamp the patient for life as at one time having been a sufferer from hypertrophy of the third tonsil. The remedy and local applications present no particular advantages. Sometimes the cleansing properties of the alkaline antiseptic spray prove to be of some benefit, but astringent applications, caustics, etc., are not, I believe, considered as at all beneficial.

The third method is operation alone. As I before stated, I think the constitutional treatment and constitutional remedy of the utmost importance, and, therefore, the operation, unaided by this constitutional treatment, is not likely to result in a satisfactory and permanent cure.

During the past year I have seen 108 patients suffering from hypertrophy of Luschka's tonsil, that is, from "Adenoids." Thirty-four of these have been treated by the internal remedy alone with good results. Ten have been operated upon without an anæsthetic, the constitutional treatment given also with fairly good results. The third class, numbering twenty-seven cases, and those suffering most markedly from the disease, have been operated upon under an anæsthetic, and have been confined to the bed from one to three days, according to the reaction following the operation. The remaining thirty-seven received one or more prescriptions, and were not heard from again. The results, with but few exceptions, have been good. In some instances the change in the patient's condition has been almost immediate and bordering upon the miraculous. Improved digestion, gain in weight, quiet sleep at night, and improvement in disposition were noticeable in almost every instance.

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I have used various anæsthetics for this operation: chloroform and oxygen, nebulized ether, and ether given in the napkin cone, and have finally decided upon the latter method as the most satisfactory. It has been so from the fact that the patient need not be profoundly etherized. Frequently but an ounce of ether is used, and rarely two ounces are exceeded. Even where a tonsilotomy is performed at the same time, two ounces are usually enough. The patient is placed in a recumbent position, and, after being anæsthetized, is thrown over on to the right side, the head hung partly off the table, and being supported by an assistant. In this position it is impossible for the patient to swallow much blood, or for blood to find its entrance into the larynx. The jaws are held apart by the O'Dwyer mouth-gag, which has the advantage of lightness, being cleansed easily, and of staying in position; the finger of the left hand is then inserted into the naso-pharynx, and the density, extent, and location of the mass diagnosed. With the finger still in position, a modified Gottstein curette is inserted, and the finger withdrawn. The curette is pushed upward to the vault of the pharynx against the growth, and by short repeated motions the upper portion of the mass is detached from the sound tissue. The instrument is then forced backward and downward, quickly disengaged from the soft palate, the finger meeting it as it leaves the soft palate, and if quickly withdrawn, a mass of the lymphoid tissue will be found attached to the curette, which, aided by the finger, can be withdrawn with it.

The naso-pharyngeal cavity must be again explored, the tissue remaining located, and usually a small and different-shaped curette introduced as before. Four or five applications of the curette are usually required before the naso-pharynx is cleared.

The advantage of the curette over any other instrument of which I have knowledge is that the healthy tissues cannot be injured. The diseased tissue is alone removed, injuring neither the septum, Eustachian provinces, or any other portion of the healthy mucous membrane of the naso-pharynx. This cannot be said of the old-fashioned Loewenberg forceps, which I have not used for at least three years, and if I am in my right mind shall never use again. It is very easy with this instrument to grasp not only lymphoid tissue, but loose, healthy mucous membrane as well, tearing the latter from the naso-pharynx, and leaving a bleeding, irritable wound, which heals slowly, and loses in the healing process, to a great measure, its normal function. The dryness of the naso-pharynx sometimes following this operation is due, I believe, not to the removal of the diseased lymphoid tissue, but because the normal mucous membrane has been lacerated.

The cutting forceps are less objectionable, but must be used with great care, and must always be guided by the fingers or rhinoscope.

Curetting the naso-pharynx with the finger nail has been advocated by some physicians. A man must be gifted with an unusual

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finger nail who can perform efficient service with it. The most that can be done with the finger nail is to lacerate and deplete the diseased tissue, in this way obtaining temporary relief, but the relief is only temporary, and therefore this method is not to be considered as a scientific surgical procedure. The sharp curette attached to the finger is inefficient.

Snaring the masses away, by introducing the snare into the naso-pharynx through the nose, is a difficult procedure — a tedious one, and not as efficacious as the operation done with the modified Gottstein curette. The cleansing treatment following the operation I believe to be of great importance. If accumulations of mucus and blood are allowed to remain and decompose in the naso-pharynx, the good results which one expects do not follow promptly, and the patient does not react well in any way. It is, therefore, I believe of great necessity that the parts operated upon should be kept cleansed by an alkaline antiseptic solution, the parts being cleansed morning and night for three or four days following the operation, and this flushing should always be performed by the surgeon immediately after the operation. This flushing is performed by some surgeons with the patient in an upright position, even when under an anæsthetic. From the fact that blood can easily find its way into the stomach and larynx, and that there is some danger from the effects of the ether, if the patient is made to maintain an upright position for any length of time, this position is not an ideal one. Again, by other operators, the patient has been placed on the back with the head hanging over the end of the table, thus obviating the two risks mentioned. This position is, however, an awkward one in which to operate, and presents no advantages that I can see over the position first mentioned, namely, that with the patient on the side, the head being held low over the edge of the table by an assistant.

A question frequently asked is, "Do the growths return after removal?" I believe that in the majority of cases they do not if the after treatment is carried out faithfully, and if the patient is kept on the indicated constitutional remedy for a certain number of months following the operation. If the hypertrophy recurs, it must be due either to an imperfect operation, to a series of colds, or to an attack of measles or scarlet fever coming soon after the operation. Therefore, I say that the recurrence is something in the nature of an accident rather than a result, which may reasonably be expected.

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A CASE OF ULCERATIVE ENDOCARDITIS, WITH CLINICAL OBSERVATIONS.

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Although this case ran a course so typical of the so-called intermittent type of the disease, a somewhat detailed report of its origin, course, and termination appears to me called for in order to elucidate certain clinical points which have been much discussed.

Mrs. C——, aged twenty-four, always well, but with a history of acute rheumatism in childhood and of neurasthenia later, was confined with her first child in 1895. The labor was unusually rapid for a first case, the child being born before the arrival of nurse or physician, with the result of an extensive laceration of the perinæum and profuse postpartum hemorrhage. Convalescence was slow and imperfect. Nursing was attempted, but abandoned after several weeks. The perineal wound healed perfectly, and involution completed itself in good time, but feebleness and anæmia to a marked degree continued. At the end of the sixth week after delivery the patient was still unable to resume her duties, and at about this time was seized with sudden and severe chills. These were followed by acute fever, ending in copious perspiration, and returning at intervals very like intermittent fever. With them were often headache, fugitive pains, nausea, vomiting, all of which symptoms passed away in from three to four hours, leaving weakness and exhaustion behind.

The whole aspect of the case so closely resembled certain not uncommon forms of malarial disease that quinine was administered and change of air tried, but without avail. On April 5 I saw the case for the first time, and found the patient somewhat pale and evidently weak, but by no means greatly emaciated. The lips were of a good red, conjunctivæ and gums not unduly pale, and the appetite and digestive functions remarkably good; the tongue was furred at the root, but moist, and the patient's spirits very cheerful and hopeful, considering the degree of debility and constantly recurring chills. Sleep, too, was very fair when the fever was absent, and when the peculiar pains attending the coming and going of the chill were absent. These pains were apparently of a neuralgic character, coming both in the intervals and during the fever exacerbations.

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For the most part they appeared suddenly and in the most distant parts; in the hands, feet, on the ribs, and in the head. On close observation it was seen that the seat of the pain was also the seat of redness, usually in the form of minute spots with a deeper discoloration in the centre and paling towards the circumference irregularly. With a magnifying glass these spots, which were clearly infarctions, when occurring in the eyelids or the lateral surfaces of the fingers, would be seen to be, in fact, dilated coils of capillaries branching in various directions.

The chills at this time recurred every third or fourth day; came usually at night or toward morning, were followed by heat and copious perspiration, and left the patient much spent for several hours. On the first day of my experience with the case the temperature rose to 105° Fahrenheit after fifteen-grain doses of quinine. On the second day it reached 104°, and from that time onward it kept steadily, with occasional exceptions (when it either fell to 99° for several days or rose for an equal time to 104° or 105°), at 103° in the forenoon and 97° in the evening. After a month the perspirations ceased, the chills grew more tolerable and rarely disturbed the sleep for longer than an hour when coming on at night. No dyspnœa, even in recumbent position; no swelling of face or œdema of extremities. Both spleen and liver somewhat enlarged. Pelvic organs normal. No leucorrhœa. Menses wholly absent since birth of child.

Examination of thoracic organs showed lungs to be normal, but distinct enlargement of heart. Dulness extended from second interspace at point of junction of third rib with cartilage on right side of sternum to sixth rib, nearly an inch beyond the mammary line on left. The impulse at apex was so strong as to cause marked motion of stethoscope placed over it. Heart's rhythm disturbed, pulse varying from 95 to 130 and often irregular.

Auscultation gave marked presystolic and systolic murmurs, most distinct at apex, but heard over region of mitral valve and also at margin of scapula behind in the region of fourth interspace. Sound somewhat prolonged and tremulous, but not in itself so loud as to correspond with the degree of general disturbance.

Examination of urine showed no pronounced renal disturbance, though occasional hyaline and epithelial casts were present and also traces of albumen. The most marked feature of the urine was the excess of uric acid.

The course of the disease was tedious and trying in the extreme, but until the last never broke the courage and hope of the patient. During the early summer much improvement set in, so that she could sit for hours at the window and enjoy the presence of her baby. I had at the very outset expressed to the friends the most unfavorable prognosis, and could not even during weeks of apparent promise change my mind in regard to the ultimate result. Quinine in strongest doses had produced no effect; — in my hands neither arsenicum

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nor other remedies indicated in intermittent fever were of the least avail, though for several weeks Verat. and Cuprum met. appeared to establish a very favorable general condition, with fair digestion, good sleep, chills coming only at intervals of eight to ten days, and a degree of muscular strength which enabled the patient to walk, with assistance, from bed to chair and from one room to the other.

During the hot weather of August the symptoms gradually changed for the worse. The patient went into other hands, and for a time enjoyed a partial improvement, but this was of short duration. Signs of nephritis and the disturbance of the functions of other organs had begun to manifest themselves. The whole aspect of the case had changed for the worse, with great suffering both from extreme pains in the head and digestive troubles. On the fifth of November I was suddenly called, to find a marked alteration in the entire aspect of the case. There had been a sudden convulsion, lasting several minutes, followed by complete unconsciousness and paralysis of the entire left side. Embolism of the right middle cerebral artery, or possibly of the circle of Willis, had taken place, cutting off completely the supply of the right hemisphere and practically robbing the left of all functional power. Consciousness never returned; swallowing was nearly impossible; no response or reaction came in answer to any efforts, and yet this condition of purely vegetative existence lasted no less than nineteen days.

The autopsy made by Dr. Batchelder showed a number of highly interesting changes, of which the most remarkable, to my mind, was the covering over by a fibrinous capsule of the large ulcer in the left ventricle. Here was clearly a distinct effort on the part of an uncommonly sound and resistent constitution to repair an irreparable lesion. Another feature of great importance and interest was the unusual thinning of the wall of the right auricle, which, with the auricular appendage, was so extremely extended. The wall here was wasted to such a degree that nothing remained save the pericardium, which was so transparent that the fingers over which it was gently stretched showed through, with the finger nail clearly visible.

I mention these points only to show the pronounced mechanical alterations the heart had suffered and resisted for so many months. Had the embolism and consequent paralysis not taken place, it is impossible to say how long the organ might have continued to do its work. Dr. Batchelder will give you a more detailed account of the anatomical changes.

The clinical points to which I beg to call your attention are, first, the absence of dyspnœa, or rather I should say of orthopnœa, so marked in all other forms of organic heart disease as soon as the compensation is disturbed. In this case, as in another closely resembling it in its course and termination, though occurring in a boy of fourteen, the same peculiarity existed; and in a third case, which with the last mentioned I reported to the Boston Homœopathic Medical Society, this feature was so pronounced that I felt warranted

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in classing it under the head of ulcerative endocarditis, though much other evidence was missing to establish its claim to this fatal distinction. It seems to me a noticeable fact that in these cases, with the heart so disorganized as to cause a gradual destruction of all the most vital functions up to the time of the final seizure, no dyspnœa existed. This seems all the more remarkable since those lesions which usually cause so much suffering from distressed breathing, mitral insufficiency, and dilation of the heart with atrophy of the heart muscle, were present in a most marked degree.

My object in calling attention to this feature of the case is the fact that it constitutes so common a source of error in diagnosis in these cases. If dyspnœa were regularly present, as in Bright's disease and the usual organic heart affections, no one would mistake ulcerative endocarditis for malaria. The first glance would reveal a condition calling first of all for an examination of the organs of the chest.

Another point of clinical interest is the temperature. Here we see a persistently high temperature, rising daily to 103° and often to 105°, and yet good spirits, high courage, fair digestion, and although weakness, none of that prostration and wasting which invariably accompany typhoid and phthisis, — diseases in which also a long-continued high temperature exists. The inference from this is that it is not the high temperature that kills in these affections, and that for this reason antipyretics are not rationally indicated measures. If they cure or ameliorate, they do so by virtue of other effects than the reduction of the temperature.

The absence of œdematous swellings until after the plugging of the channels of blood supply to the brain seem to me as noteworthy as the absence of dyspnœa. But it would lead too far to discuss these points in detail.

I will only remark in conclusion that it is a useless complication of nosological terms, and in fact a confusion of thought, to attempt to classify with recent writers such cases as these under the head of puerperal, malarial, and other forms of endocarditis. They are clearly septic and occur in different subjects from sepsis produced in various ways, but run the same course in all, differing only in the accidental forms of destruction, which in the end bring about the fatal result.

ORIGIN OF THE COCKTAIL. — The most remarkable explanation of the origin of the word "cocktail," according to the New York *Press*, comes from an ancient print. The old doctors had a practice of treating certain diseases of the throat with a pleasant liquor, applied with the tip end of a long feather plucked from a cock's tail. They finally began to use this preparation as a gargle, and the name cocktail clung to it. The gargle gave way to an appetizer, and the appetizer to a mixture of bitters, vermouth, and liquor, that is still in occasional demand. — *Medical Record.*

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REPORT OF AUTOPSY OF A CASE OF SEPTIC ENDOCARDITIS.

BY F. P. BATCHELDER, M.D., BOSTON.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The consensus of opinion seems to be that septic ulcerative endocarditis belongs, not in the group to which most cases of endocarditis are assigned, but rather in a distinct group or place, partly because of its origin — septic infection — and also because it is but one of the somewhat numerous lesions arising from such infection.

The course is usually rapid and the systematic manifestations often most profound. In connection with most of the lesions the streptococcus pyogenes and staphylococcus pyogenes aureus are found. To these micro-organisms the suppurative condition has been attributed, while their toxines or chemical products seem to induce the hemorrhages.

From ulcerating areas upon the endocardium, multiple abscesses with hemorrhage result in various organs and tissues through the transit of suppurative products to such localities in the blood stream.

The inoculation of infectious material leading to such profound results is attendant upon or follows parturition or abortion in many cases, though the uterus and appendages do not always show marked pathological changes. In other cases septic infection has occurred through abrasions of the skin, cuts, ulcerations of the mucous membranes (as in typhoid, diphtheria, etc.), while in some cases a suppurative condition of bones or articulations has been the pronounced etiological factor. Even gonorrhœa has been found to have caused septic endocarditis in one recorded case.

It is not necessary to continue this enumeration, but it should be borne in mind that of such endocardial conditions occurring in women, a large proportion owe their origin to infection of the uterus in connection with parturition or abortion.

The lymphatics and blood vessels in such cases especially offer a ready path through which the material speedily gains access to various parts of the body, and the heart valves and endocardium offer very suitable areas upon which some of the septic material becomes engrafted, and from which further instalments pass onward to do added mischief. In some cases the endocardial infection has been found very marked, and in others but slight. This case, from which I have been asked to relate certain pathological data, presented some rather characteristic features, both during life and post-mortem.

Permit me at this point to insert data of a urinary analysis in the case made for Dr. Walter Wesselhoeft, November 9, 1895, sixteen days before autopsy was made. The sample of urine consisted of 5½ fl. oz. withdrawn by catheter.

It presented the following features: —

Sp. gr. 1,011. Reaction very acid; color, smoky yellow. Sediment abundant and flocculent reddish brown in color. Albumin, $\frac{1}{20}$

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of 1 per cent. Phosphates and chlorides relatively diminished. Sugar absent. Urea, 8 grams to 1,000 ccs.

Microscopical examination revealed casts, epithelial, dark granular and blood casts, in great numbers. Red blood disks very numerous. Pus, absent. Epithelium: numerous free cells from kidney tubules, very granular in appearance. Uric acid: immense numbers of crystals (whetstones and thin flat forms).

The condition of the urine resembled somewhat that found in acute parenchymatous nephritis, though indicative of a much more profound condition and quite characteristic of the renal condition occurring in conjunction with the endocarditis.

These data will be of interest since they throw added light upon the renal condition found at the autopsy.

On November 25, 1895, autopsy was made. The body was greatly emaciated, skin sallow, no indications of anasarca or ascites.

Rigor mortis slight. Death had occurred on the twenty-third.

On opening the thoracic and abdominal cavities, the soft tissues of their walls showed evidences of rapid disintegration with a peculiar fetid odor. The muscles were atrophied and very friable.

The heart was found somewhat dilated. The auricles and appendages were exceedingly dilated, their walls in many places apparently containing no muscular tissue, and so thin and friable that very slight force would cause perforation.

There were some evidences of existing inflammation of the endocardial lining of right ventricle.

There was little alteration in the aortic or pulmonary semilunar valves or the tricuspid valve.

The ventricular walls were much thinned. The mitral valve presented numerous slender, almost threadlike vegetations, in such position that they would float freely in the blood stream during, and probably interfere with the working of the valve. Other excrescences were found near the mitral valve upon the papillary muscles and muscle bundles of ventricular wall. All these probably indicated the sites of former ulcerative processes.

Upon the endocardium of the left ventricle near the apex, and on the septal side, a spot was found, one half inch in short diameter and probably an inch or more in long diameter, covered by a white or antemortem clot. On lifting this at one edge purulent material appeared.

Here was evidently an effort to cover in a ragged ulcerating area and an attempt to arrest the progress of the disease.

The kidneys showed evidence of nephritis. In the right one more particularly the boundary between cortical and medullary portions was obliterated, and in both atrophied areas following infarction were noticed.

In the pelvis of left kidney a large number of minute calculi were found.

The renal condition coincided with what has already been demonstrated in the urine.

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The lungs, liver, and spleen contained a few infarction areas. The latter showed no evidence of previous malarial infection. The pelvic viscera presented no macroscopical pathological conditions. No examination was made of the cranial contents.

From inspection of the various structures, one could but be impressed with the protracted, but unsuccessful struggle between the vital forces of the patient and the invading foe.

"*MENTAL ASTIGMATISM.*"

BY L. HOUGHTON KIMBALL, M.D., BOSTON.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The character of the Bureau to which I promised a paper, in a moment unfortunate for us all, suggests that I should give expression to the few thoughts that have occurred to me under some ophthalmic, aural, nasal, or laryngeal title.

Perhaps, then, they may be grouped under the phrase "*mental* astigmatism," if I may be allowed to coin the expression; and as this assemblage is *not* the United States Senate, perhaps "free coinage" to that extent will not be denied me.

This term "astigmatism," from the Greek alpha (privative) and stigma (a point), is applied to those eyes which from a most infinitesimal difference in the curvature of the various meridians of the cornea cannot focus *all* the rays of light on the same point of the retina. They thus get a faulty and indistinct image. So all minds do not reflect from their mental retinæ identical images, either from some inappreciable difference in the quality of the brain substance, in the number or character of its convolutions, in the quality of its nutrition, or in some indefinable impediment in the media conducting the rays of thought.

We all see around us from day to day thousands of faces, each one of them having the same number of features and the same general anatomical arrangement, and yet there is always a certain and constant variety in the contour and expression which stamps each one with an individuality of its own. So may it not be true that there is just as much, but perhaps a more indefinable difference in each subtle spark of life which brings into existence and moulds into completeness each individual after a different pattern? may there not be just as much difference in each God-given mind which vivifies and glorifies those otherwise inanimate features till we see in them as many varieties and beauties as are pictured in the face of nature? The old Latin proverb, "As many men so many minds," contains certainly as much truth as poetry.

This fact was brought most forcibly to my attention while in New York City, where I had the pleasure of spending several weeks listening to the opinions of three of the most widely known oculists.

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While they agreed in many and most of the essential details, on a few they were widely at variance. One traced many of the ocular disturbances and reflex bodily and mental ills to a disarranged condition of the equilibrium of the eye muscles and attributed their cure to partial tenotomies; another assigned these same conditions to an error of refraction, and claimed such should be relieved by the application of the proper glasses, never making a tenotomy except in case of an actual squint; and another held himself to a more medial course. Each one of these will impress his opinions on others according to the strength of his individuality, the opportunities offered by the breadth or narrowness of his sphere of influence, and the character and receptivity of the minds appealed to. We see these diversities of mental vision and differences in mental calibre exemplified in the history of the world, some men leaving the imprint of their individuality on the times in which they lived, not by receiving blindly the prevailing beliefs of their day, but by looking outward into the unknown, by seeing a new relation between cause and effect, by interpreting differently the language of nature and wresting its secrets from the darkness of ignorance.

Estimate, if you can, the influence on the civil and political history of the world exercised by Alexander the Great, who, born 350 years B.C., became the conqueror of the then known world, carrying the civilization of Greece into Asia and opening up the riches of India. Or by Julius Cæsar, conqueror of Gaul and Britain, idol of the people, a democratic opponent of an aristocratic oligarchy, the first general, statesman, and scholar of his age. Or by Charlemagne, king of the Franks, who, some 800 years after the Christian era, established an empire from the most inharmonious elements, as much by his political and social institutions, by promoting education, arts, and agriculture as by his successful campaigns against Germany, Spain, and Italy. Or by Alfred the Great, mourned as one of England's best and greatest kings, who, living in an age of cruelties and war, was skilled in the arts of peace and became the founder of England's greatness. Or by the heroic William of Orange, founder of the Independence of the Netherlands and worthy antagonist of the cruel and bigoted Philip of Spain. Or by the brilliant contemporaneous reign of the proud Elizabeth and her famous minister Cecil. Or by that most brilliant man in the world's history, the great Napoleon. Or by our own immortal Washington.

The history of the religions of the world gives many conspicuous examples of these mental individualities.

Prince Siddhortha, son of a king of a Hindustan province and heir to the throne, surrounded by every conceivable form of ease and luxury, for the very purpose of counteracting a natural ascetic turn of mind, voluntarily gives up everything and devotes himself to a life of contemplation as to the philosophy or cause of life and death until he attains to the perfect knowledge of the Buddha, as it is

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termed, and lays the foundation for a religion which has existed for twenty-five hundred years and numbers over 400,000,000 adherents.

Confucius, some half a century before the Christian era, was the originator of a religion, or rather a code of ethics, which has left its impress on the social and religious life of China up to the present day. And Mohammed, one half a century after the Christian era, in spite of poor health, poverty, and persecution, and the spreading knowledge of Judaism and Christianity, founded a religion which to-day numbers some 130,000,000 believers. In the development of the *Christian* religion we find different epochs inaugurated by the individuality of such men as Constantine the Great, born about 272 A.D., who became the sole emperor of the Roman world, east and west, and established himself at Byzantium, subsequently changing its name to Constantinople, and giving up Paganism and embracing Christianity.

Among other names preëminent in religious history we might mention St. Augustine in the year 354, Luther and Knox at the beginning of the sixteenth century, and Cromwell at its end. Still later in modern times we find religious thought in this country moulded by such men as Channing, Beecher, Smythe, Briggs, and our own Brooks.

In science we easily recall a galaxy of names of men whose researches and originality have been of inestimable advantage in the progress of civilization — such as the discovery of the art of printing in changeable type by Coster or Gansfleish about 1430, the practical results of the study of navigation by Columbus some few years afterward, and the astronomical researches of Galileo the latter part of the sixteenth century. Sir Isaac Newton, born in 1642, the greatest mathematician and natural philosopher of the world, discovers in the fall of an apple, as he sits in his garden at Woolsthorpe, the law of gravitation and subsequently the law of motion of the lunar and planetary bodies. The development of the science of electricity suggests the names of Franklin, Volta, Galvani, Faraday, and our own Edison. The thousands of people who daily are being whirled across continents on rails of steel should hold in grateful remembrance the genius of George Stephenson. In literature, too, we find many flashings from the minds of genius, which have illumined the pathway of human progress from the earliest periods. Passing over the age of Pericles among the Greeks, of Augustus among the Romans, and the time of Chaucer and his Canterbury Tales at the end of the fourteenth century, we come down to the Elizabethan age, which was most prolific in men whose brilliancy of intellect has made for themselves names more enduring in the calendar of time than many of those who became kings or emperors through the mere accident of birth. Among these we may mention Shakespeare, Spenser, Bacon, and Milton, and at a little later date Addison, Swift, Johnson, Pope, Burns, Fielding, Sterne, Hume, and Gibbon. In the nineteenth-century era stand out preëminent Coleridge,

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Wordsworth, Scott, Byron, Dickens, Thackeray, Bulwer-Lytton, Hallam, Macaulay, Froude, Tennyson, and Browning, and our own Longfellow, Bryant, Holmes, Hawthorne, and Lowell.

In the history of medicine, perhaps more than in any other line of human progress, do we see the impress of strong individualities on the prevailing beliefs of the day. In priority of time we must first mention Æsculapius, who was, according to Homer, a physician of human origin; according to other legends he was involved in the mythological beliefs of the day, and was said to have learned the knowledge of restoring the dead to life. This incurred the enmity of Pluto, the god of the lower regions, who, fearing possibly that his realm would not be well populated, prevailed upon Jupiter to launch one of his famous thunderbolts upon him. His two sons became physicians and founded the Asclepiadæ, an order which preserved the mysteries of the then medical art. Hippocrates, said to have been a descendant of the Asclepiadæ and born about 460 B.C., was a most voluminous writer on medical topics. He discussed in a general way the influence of the seasons, climate, and location on diseases, and the more personal cause of food, water, exercise, and the mental state and disposition of the patient. The theory of critical days in disease was advanced by him. Then came Galen, who was born 130 years after Christ, and became the author of many works which had an influence unparalleled throughout the civilized world till the sixteenth century at least. Harvey, at the latter end of the sixteenth century, promulgated the theory of the circulation of the blood.

In 1755 was born a man to whose breadth of intellect and power of discernment our meeting to-day is a glowing tribute. The grasp of his mind and the trend of his reasoning power were such as to lead him from the beaten paths of medical belief and induce him to inaugurate a change in medical practice. The life of this one man is influencing the medical aspect of the world to-day as has that of no other single individual, and we are gathered here because our thoughts are in harmony with, and our minds are receptive of, the teachings and belief of the revered and honored Samuel Hahnemann. That his theories have not received universal acceptance is not to be wondered at. Our minds are not cast all in the same mould. Ideas are *creations* of the mind — the reflection of rays of thought from mental retinæ. A certain something — call it mental astigmatism if you will — disturbs these reflections more or less, so that the image or ideas which appeal to the reason of one person may not satisfy another. This is equally true in other non-medical beliefs, else we should not have so many religious sects or political parties. And even among ourselves, though we all accept the fundamental principles underlying the practice of medicine as understood by Hahnemann, there are minor points of difference, which arise from the fact of the diversity in our mental receptivities, rather than from any absolute knowledge that one theory must be right, and the other wrong.

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One mind is so constituted that it can appreciate the possibility of a curative power in high potencies; another cannot. One mind accepts the fact that the germ theory satisfactorily explains the origin of diseases; another cannot. Sir Philip Sidney rightly says, "Among best men are diversities of opinions, which are no more in true reason to breed hatred than one that loves black should be angry with him that is clothed in white; for thoughts are the very apparel of the mind."

Let us all then accept the great cardinal doctrine of homœopathy, and cast the mantle of charity over those who have honest differences of opinion on points of minor importance, always recognizing the fact that the mental make-up of one may conscientiously accept as a fact that which another would reject. The infallible arbiter of what is absolutely the truth is not a human mind. Perhaps when the earthy environments of the mind shall have been laid aside, and eyes which now see "as through a glass darkly" shall have put away their natural imperfections and become in truth "the windows of the soul," there will open to us all a perfect vision where all things will be seen in harmony and all doubts and differences will be cleared away.

Till then let us live up to the motto of the lamented Hering:

"In certis unitas,
In dubiis libertas,
In omnibus caritas."

AN OPEN LETTER.

BY F. G. OEHME, M.D., ROSEBURG, OREGON.

NEW ENGLAND MEDICAL GAZETTE, BOSTON, MASS.

We have taken the standpoint that "A Homœopathic Text-book of Surgery," by Ch. E. Fisher, M.D., and T. L. MacDonald, M.D., has been written for the homœopathic general practitioner and student as a book of reference and consultation with *special* regard to *homœopathic* treatment, as the title implies.

A few chapters have been examined as the subjects chanced to come up in practice.

In the chapter "Traumatic Diseases of the Joints," covering three pages, not a single homœopathic remedy is mentioned. In the next chapter, "Inflammation of the Joints," containing the different kinds of inflammations, including suppuration, filling fourteen pages, only thirty lines are devoted to the homœopathic treatment. The indications are given for the different preparations of Calc., for Rhus tox, Symph., and Silic. Of the following remedies, Sulph., Nitr. ac., Sep., Ferr., Ars. jod., the mere names are mentioned, and on page 383 the anti-syphilitic remedies. O shades of Hahnemann, where are your other children? Acon., Arn., Calend., Bell., Bryon., Hep., etc.!

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We have obtained very great benefit from the distilled extract of Hamam. in external injuries; the quicker it is applied the quicker it will help.

In the chapter on Glaucoma only names of remedies are given, and the general practitioner must look somewhere else for their indications.

We hunted in the index and table of contents in vain for diseases and injuries of the nails, for the removal of the nails, and ingrowing nails. Where do these belong if not in a work on surgery?

Boric acid is frequently called Boracic acid (pages 235, 379, 382, 290, etc.). It is the acid of the element Bor or Boron, hence should be called Boric acid, but as most people know only of Borax, they are misled to call it Boracic acid.

Regarding gunpowder grains (page 297) the advice is given to remove them with a sharp, fine-pointed instrument. Try glycerole of papoid.

We looked in the index for sprains and were surprised not to find it, but on reflection we hunted and found it among diseases of the joints. As the purpose of an index is to find subjects quickly and easily, it would have been better to have mentioned sprains by itself.

Hernia, and especially strangulated inguinal hernia, is one of those injuries for which the country practitioner may be called upon at any time, therefore this subject is of special interest. In the second chapter on "Varieties of Hernia" the author says under "treatment": "The first duty is the return of the strangulated part to the abdominal cavity, by taxis if possible; if not, then by herniotomy." Further on he says: "I have never operated upon a case of strangulated hernia *during the first twenty-four hours*,[1] which has proved fatal." Still further on he says: "Certain adjuvant measures are sometimes of service and *may be tried in the absence of proper assistance or instruments*[1] or when the consent to prompt operative means cannot be obtained." He mentions then the application of cold or ether spray and gives the indications of the chief remedy Nux and the mere names of a few others.

These quotations show plainly the standpoint of the author and probably of more than nine tenths of the surgeons of the present time; namely, operating is the chief object of the surgeon, and homœopathy is good enough if he happens to be without his instruments. If the author were the patient, would he hanker after herniotomy *within the first twenty-four hours?*

We read some years ago the following manipulation highly recommended for the reduction of strangulated inguinal hernia, and as it is based on physical laws, we will quote it: —

"Place the patient, low with the shoulders, high with the pelvis, the feet level with the shoulders; let him press with both hands on the top of his head. Push the intestines towards the pit of the

[1] The Italics our own.

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stomach by passing the hand over his bowels from the pubis towards the pit of the stomach; the pressure, gentle at the pubis, is increased the further one moves the hand."

The field in surgery is so vast and the homœopathic materia medica so immense, that only a few can master *both*, and as surgery leads quicker to fame and worldly comforts than homœopathic therapeutics, is it strange that the knife is supreme over medicine?

If the work had been published in two volumes it would have been a great convenience, as it is much too heavy and too large in handling.

EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

CHRONIC DISEASES AND THEIR TREATMENT.

Time and space have not yet been annihilated, but man's ingenuity has succeeded, during the century now drawing to its close, in overcoming many of the obstacles imposed by time and space. People no longer marvel at rapid transit by sea or land, at the telegraph or telephone, at stenography or typewriting, at typesetting machines, at mechanical calculators, at instantaneous photography, at vitascopes, at photographing unseen stars, or at accomplishing in many directions what, but a few years ago, would have been considered impossible. Compared with the wonderful advances made by the arts and applied sciences, medicine, by some, has been considered as having made but little progress. In certain directions it is deplorably true that medical art is as incompetent as it was a century ago; but, nevertheless, medical science and art have participated in the general progress of the age, as can be demonstrated by a cursory glance at the achievements of modern medicine and surgery. The thoughtless and inexperienced are wont to assume that medical practice consists of emergency cases, broken bones, obstetrics, and treatment of acute cases like croup, measles, scarlet fever, diphtheria, typhoid fever, pneumonia, rheumatism, etc. The prevalence of this idea, like many of the ideas possessed by the laity, may be easily traced to the attitude of the profession itself. Acute diseases from the frequency of their occurrence, the marked characteristics presented by them, their comparatively rapid course and easy differentiation and classification, have been carefully studied and repeatedly

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described, and to them an undue share of medical literature has been devoted. Physicians are prone to make much of such cases, to impress the patients and their attendants with the serious nature of their condition and the necessity of implicitly following the minute directions given as to the care of the case. Naturally enough in his daily rounds the physician first visits his acute cases and to them devotes much of his time and study, letting the chronic ones go until later in the day, or until to-morrow. It certainly cannot be counted strange that with a tendency so strongly marked in the profession, the laity should be inclined to the views attributed to them. There is one side of the subject, however, which has not yet been forcibly presented to the laity, and that is the fact, somewhat widely acknowledged in professional circles, that the majority of these acute cases which absorb so much attention are those of self-limited diseases, are destined to run a given course, and tend to spontaneous recovery; that in such cases, while medical supervision is desirable and useful, medicinal treatment is probably not as distinctly necessary and efficacious as it is popularly credited with being.

In regard to chronic diseases it is perhaps not too strong a statement to say that they have been until recent years systematically neglected by the profession. To the average physician the chronic invalid is not a fascinating study, and yet it is among chronic cases, countless in number, which tend neither to dissolution nor spontaneous recovery, that decided victories for medicine are to be won. It is in such cases that the physician's skill in diagnosis and his therapeutic knowledge are most seriously taxed. And it is such cases that test his patience, his sympathy, his ingenuity, and his wisdom to the utmost.

Medical literature has little to offer in the way of books or treatises on chronic diseases, but homœopathy here as elsewhere has set a good example to medicine at large. It may not be known to the younger generation of homœopathists that Hahnemann devoted years of close analytical study to classifying and determining the causes of chronic diseases, and to improving his methods of dealing with them; and that he left, as a monument of his devotion to his art, a work as strikingly original and as characteristic of his genius as anything that he gave the profession. It was the work of his riper years and embodied the results of his vast experience and mature thought. It gives evidence of his comprehensive powers of accurate observation made possible by his unusually long and thorough train-

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ing; of his wide acquaintance with the writings of his contemporaries and predecessors; of his thirst for absolute knowledge concerning diseases and their cure; of his earnest desire to benefit suffering humanity; of his ability to patiently analyze, methodically classify, and critically investigate obscure phenomena, and of his absolute devotion to his art. His theory concerning the cause of the vast majority of chronic diseases cannot be accepted as satisfactory to-day, but much that he said remains true and useful. If physicians of to-day would but follow his example in patiently and earnestly studying the causes of chronic invalidism which seek their advice, the progress of medical art would be more rapid and marked. This work of Hahnemann's, carefully read in the light of the knowledge of to-day, however, will show that very decided progress in the recognition of the ætiological factors concerned in the production of chronic diseased conditions, as well as in the effective treatment of such conditions, has been made since he wrote the work referred to. His famous psora theory, which was never very widely accepted and which has given rise to much controversy, was but a pioneer step in the right direction. Accumulated experience in diagnosis, advancement in pathology and physiology, and increased skill in mechanical and surgical manipulations, enable the practitioner of to-day to accomplish what was an impossibility to the practitioner of a century ago. The recognition of the wondrous possibilities of reflexes leads to an explanation of many a case of long-lasting suffering that would have been attributed to deep-seated constitutional perversion (psora) by Hahnemann. And the study of these reflexes — or expressions of sympathy by organs remote from the disordered one — has made it possible to relieve conditions which otherwise must continue unrelieved. Advances in physiological and hygienic knowledge have also enriched the armamentarium of the modern practitioner.

To mention but a few of the obstinately chronic disorders which without this modern knowledge would prove incurable: Eye defects are known to frequently give rise to severe neuralgias and headaches which disappear with the removal of the cause. Certain asthmatic attacks, coughs, chronic coryzas, etc., are caused by, and cured by the correction of, deformities of the turbinated bones, nasal septum, and nasal mucous membrane. Hardness of hearing, impeded respiration with its injurious results, and other troubles may be due to hypertrophy of Luschka's tonsil and cured by removal of the same. Coughs may be the result, not of lung trouble, but of nasal, oral,

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palatal, or gastric disorder. "Palpitation" not infrequently is due to reflex from gastric trouble. Indigestions, dyspepsias, constipation, and numerous other evils may be due to faulty methods of eating or to improper diet. Urethral deformity or stricture may give rise to cystic or renal symptoms quite incurable as long as the cause is unrecognized. Gallstones and renal calculi are wholly unnecessary evils, impossible to those who habitually drink sufficient pure water. Aches and pains in various parts of the body, "nervous prostration," and innumerable sufferings may be due to a phimosis, a torn perinæum, a lacerated cervix, to anal fissure, sphincteric over-contraction, hemorrhoids, fistulæ, etc. Insufferable dysmenorrhœa, with its attendant constitutional infirmities, is frequently due to a remediable uterine flexion or stenosis. Pitiably numerous cases of chronic invalidism, utterly incapable of physical or mental exertion, are subjects of pyo-salpinx, ovarian inflammation, degeneration or cysts. In short, in the search for causes of chronic diseases formerly considered "incurable," the great advances which have been made since Hahnemann's day have been made upon the lines of patience and determination in individualizing each case inaugurated by him. Modern successes in the treatment of such cases are due largely to recognition of causes, and improved technical and surgical skill in removing them. Thousands of cases of chronic illness, however, still exist whose ætiological factors are not discoverable and whose treatment proves discouraging. Neglecting such cases will not advance the cause of medicine or assist in alleviating suffering. But much may yet be accomplished and further successes achieved by following patiently and with determination the course which during the past hundred years has been crowned with such marked success.

EDITORIAL NOTES AND COMMENTS.

——:o:——

ARE NERVOUS DISEASES INCREASING IN NUMBER? is a question that will be answered by the individual according to his experience, prejudices, or knowledge. By many it is claimed that they are, and it seems to be a somewhat widespread opinion that they have increased at an alarming rate during the last decades and are about to increase even more rapidly. We are told that in civilized countries and in every stratum of the population a weakness of the nervous system manifests itself of which our forefathers had no knowledge. Prob-

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ably it is with nervous as with other forms of disease which are said to be on the increase; — finer discrimination in diagnosis and greater care in collecting and arranging statistics are responsible for the apparent increase. Until less than a quarter of a century ago many a fatal case occurred of "inflammation of the bowels." Many similar cases occur to-day, but being recognized as "appendicitis" are operated upon and the fatal termination averted. Is appendicitis on the increase, or is it simply recognized where once it would have been overlooked? Not many years since it was enough to say that a person had, or died from, "the dropsy." To-day such a diagnosis would be unpardonable, for dropsy is known to be due to renal, hepatic, or cardiac disorder. Yet because Bright's disease or hepatic cirrhosis is a more frequent diagnosis than formerly, it is not allowable to claim that Bright's disease or cirrhosis of the liver is on the increase. To go into "a decline" was a common occurrence once, but the "decline" is now called pernicious anæmia or tuberculosis or some more specific term, without establishing the fact that these conditions are more frequent than ever before.

This would seem to be the view entertained apropos of neurasthenia, hysteria, and insanity by Dr. William Hirsch, who, in an interesting article in the August number of the *Popular Science Monthly* entitled "Epidemics of Hysteria," says: —

"The assiduous statistician ascertains that the insane asylums contain more women than men. So far, so good. But if he tells us that more women are insane than men, he labels those numbers erroneously, for the inequality is really due to the fact that insane males die off, while insane females survive, relatively speaking. Suppose the statistics of different countries do show that the number of inmates of insane asylums is increasing out of all proportion to the growth of the general population, would it not be superficial in the extreme to conclude, without further data, that insanity was on the increase? At present these statistics mean nothing more than that the number of patients in such institutions has considerably increased. But when we consider what great advances have been made in the diagnosis of mental diseases, and consider also that a great number of such cases, which were formerly treated unsuccessfully at home, are now treated in such institutions with good results, because there they are removed from the detrimental influences of familiar surroundings, while the proper means and methods for rational treatment are at hand, we shall find that the seemingly enormous increase of mental disturbances need not cause us uneasiness.

"Other extensive statistical material for nervous diseases is afforded by the numerous dispensaries of the great cities; but no extended experience is required to teach that a large proportion of such cases would not appear if the patients had to pay fixed fees, and round ones, as they had to do in the good old times when physicians saw comparatively little of nervous diseases. Our grandmothers had their 'headaches' and their 'twitchings in the limbs' like the

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women of to-day; but they never dreamed of calling a doctor or going to the dispensary for such things, so that they were not 'statistical material.'

"In the dispensaries for nervous diseases there are numerous chronical patients who, becoming discouraged in one place, think they would like to try another doctor; and some of them make a round of sojourns in different hospitals. Each of them is counted as many times over in the statistics as there are places where he is treated. This perceptibly increases the numbers.

. . . . . .

"The principal causes of the spread of epidemics of insanity and of the so-called secular hysteria are, then, *suggestibility*, emotionalism, the impulse to mimicry, and the tendency to mysticism.

. . . . . .

"With our present knowledge of hysteria, its causes and symptoms, men of science and all who are enlightened by its teachings are under a positive obligation, which cannot be shaken off and must not be shirked, to combat everything which tends to further superstition or to nourish the inclination of the people toward mysticism. Our duty it equally is to set our faces against those pernicious practices which are calculated to favor and augment that fatal symptom of hysteria, a heightened *suggestibility*."

A Famous Parricide, — or doubtless it were more nearly correct to say an infamous parricide, — whose facts only occasionally emerge from oblivion to look more monstrous at each new seeing, was the slaying of the Father of his Country by the medical practice of his country and of his unluckily unenlightened epoch. If any one think this statement too strongly put, let him 'read, mark, and inwardly digest" the following unvarnished historical account of Washington's last illness: —

"He was in excellent health, and yet he died as the result of a single day's illness. He really died a violent death. On Thursday, the twelfth of December, 1799, Washington rode over his farms on a tour of inspection through a driving sleet storm. He became wet and chilled. As a consequence he took a severe cold, but no alarming symptoms developed till Saturday morning, the fourteenth, when he was so choked up he could hardly speak and experienced great difficulty in breathing. His family became alarmed, and sent for his medical advisers. Meantime the patient was bled freely. This means that they drew not less than a pint of blood from his veins.

"About nine o'clock Dr. Craick arrived, and the heroic treatment was continued. Another pint or so of blood was taken from the poor victim, and a Spanish fly blister was applied to his throat. About eleven o'clock Dr. Craick bled the patient again, but without affording him any relief.

"At near three o'clock Dr. Dick came in and soon after him Dr.

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Brown, both of whom had been previously sent for. A consultation was held, and as a result the patient was bled for the fourth time. This time the blood ran slowly, appeared very thick, and did not produce any symptoms of fainting. Clearly the General was about bled dry, and so, as nothing more was to be gained by bleeding, about four o'clock calomel and tartar emetic were administered.

"At half-past four Washington called his household, and after bidding them good-by, arranged for the proper disposition of his business affairs. Between five and six the physicians came in again and had him raised up in bed. He said to Dr. Craick: 'I feel myself going; you had better not take any more trouble about me, but let me go off quietly.'

"This, however, did not suit the doctors, for at night they applied fly blisters to his legs. By ten o'clock he was dead — a victim of phlebotomy."

A WORD FROM "SELAH," — or as he himself modestly puts it, "reported by" Selah, — how welcome it always is, and how like a breath of fresh wind it moves through conventional medical journalism! The *Era* marks, indeed, an era, when it brings such a talk. "Selah," more than any single element in medical journalism, stands for the atmosphere, the point of view, that is genuinely American: for the pervasive humor, the deep-rooted tolerance, the keen, quick insight, the quaint, pungent, emancipated speech, which are indigenous to American newspaper soil. Long may the wise, droll, wholesomely caustic doctor "talk," and long may his talks be "faithfully reported by Selah!"

SOCIETIES.

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THE MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The eighteenth semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held at Tremont Temple, Boston, June 10, 1896, President J. H. Sherman, M.D., in the chair.

Upon the recommendation of the Executive Committee the following physicians were unanimously elected to active membership: I. T. Talbot, M.D., Boston; J. W. Clapp, M.D., Boston; S. B. Elliot, M.D., Boston; W. A. Paul, M.D., Dorchester; C. D. G. Mack, M.D., East Boston; Mary Parks Putnam, M.D., Boston; Archie E. Perkins, M.D., South Ashburnham.

H. A. Whitmarsh, M.D., was appointed a delegate to represent this society at the next meeting of the American Institute of Homœopathy. F. W. Elliot, M.D., and H. E. Spalding, M.D., were

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appointed delegates to the Rhode Island Homœopathic Medical Society.

President J. H. Sherman, M.D., appointed A. Boothby, M.D., to read a paper on the Progress of Surgery, and Martha E. Mann, M.D., to read a paper on the Progress of Gynæcology, at the next annual meeting.

The Committee on Revision of the Constitution and By-Laws recommended the following changes: Constitution, Art. I, referring to the name, "This Society shall be called the New England Association of Physicians and Surgeons."

Art. II, referring to the object of the society, omit the words, "and the establishment of a hospital to be known as the Massachusetts Surgical and Gynæcological Hospital, when sufficient funds shall be accumulated for the purpose."

Art. III, Sect. 1, to read: The officers shall consist of a president, two vice-presidents, secretary and treasurer, and "three censors," who together shall constitute the Executive Committee, and hold their office for one year.

Art. IV, Sect. 1, referring to the applicant, add the words, "of good moral character"; so that it shall read: "Any regularly educated physician of good moral character may be eligible to membership."

Art. IV, Sect. 2, be changed to read: Application for admission to the society shall be made to the secretary in writing, and, on approval of the Board of Censors, shall be eligible to election at the next regular meeting, the names of the several candidates being printed on the program of such meeting.

Art. V, Sect. 3, be changed to read: The secretary shall receive all applications for admission to the society, and lay them before the "Board of Censors" prior to the next regular meeting.

By-laws VIII, referring to Honorary and Corresponding Members, omit the words, "must be known of eminence as surgeons and gynæcologists."

XII, the words, "this state," be changed to read, "New England."

The committee also recommended that the subject of broadening the scope of the society, and that the hour of meeting, shall be freely discussed.

The report was accepted by the society, and it was voted to have the amendments printed on the program of the next meeting. Dr. Rand suggested that a list of all the members be printed each year and sent to every member of the society.

Dr. F. W. Elliot pronounced an eloquent eulogy upon the late Leslie A. Phillips, M.D., a former president and for many years secretary of the Massachusetts Surgical and Gynæcological Society, and to whose devotion, energy, and efforts the present standing and welfare of the society are largely due. Reference was made to his early life, to his earnestness of purpose, and that untiring energy in

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the pursuit of knowledge which characterized his later years. As a student, Dr. Phillips was ambitious and painstaking, laying broad and deep the foundations for that success which he so largely attained. Timely and appreciative words were also spoken by Dr. O. S. Sanders and others.

The following resolutions were adopted in honor and in memory of the deceased: —

WHEREAS, In the Providence of God, our friend and colleague, Dr. Leslie A. Phillips, has been removed from us by death,

Resolved, That we, the members of the Massachusetts Surgical and Gynæcological Society, desire to place on record our high appreciation of his long and valuable services to this organization as president and as secretary for many years.

Resolved, That we recognize his influence upon the history of the society as one of its earliest members, ever a willing and efficient servant of its best interests, an earnest promoter of its success, and an active participant in its scientific work.

Resolved, that his untiring zeal in the performance of his official duties, his loyal and enthusiastic advocacy of what he was convinced to be the truth in the practice of medicine and surgery, his extensive and ever available clinical knowledge, were qualities which commanded the highest respect of his associates.

Resolved, That his fidelity and unselfishness, endearing him to his patients in a remarkable degree, his unfailing courtesy, ready wit, kindly manner, and energetic spirit will ever be cherished as characteristics of an indefatigable worker and a well-beloved physician.

Resolved, That these resolutions be spread upon the records of the society and that an engrossed copy be sent to the family of the deceased.

F. W. ELLIOT, M.D.,
W. H. TOBEY, M.D.,
H. A. WHITMARSH, M.D.,
Committee on Resolutions.

Scientific Session.

I. Early Secondary Repair of the Perinæum, A. H. Powers, M.D. Discussion by H. E. Spalding, M.D., and G. H. Earle, M.D.

II. Ulceration of the Rectum, F. W. Halsey, M.D. Discussion by W. J. Winn, M.D. and C. R. Hunt, M.D.

III. The Relation of the Specialist to the General Practitioner, G. R. Southwick, M.D. Discussion by Clara A. Gary, M.D., and G. A. Suffa, M.D.

IV. Hypertrophy of the Third Tonsil, G. B. Rice, M.D. Discussion by Joseph Chase, Jr., M.D., and T. M. Strong, M.D.

V. A Suit for Malpractice, N. R. Perkins, M.D.

Dr. Powers' paper was an earnest plea for an early secondary operation on the perinæum, especially recommending that this operation be performed when the primary operation had failed, or when for any cause the tear had not healed in six or eight days after childbirth. By this means much suffering may be avoided.

Dr. G. H. Earle thought that the condition of the mother was not most favorable for an operation one week after confinement, especially if she were nursing her child. He advocated an operation in from six to eight weeks after confinement, and was not in favor of waiting eight months.

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Dr. F. W. Halsey read an instructive paper on Ulceration of the Rectum, in the treatment of which he has had marked success. The five general classes of this disease, according to his observation, are traumatic, tubercular, dysenteric, catarrhal, and syphilitic. A general description of the causes and appearances of the above forms was given, followed by a detailed description of the attendant symptoms and the two best methods of treatment.

The next paper, by Dr. Southwick, was on the Relation of the Specialist to the General Practitioner. The writer's conception of a specialist is that of one who is an adept in the treatment of a special group of diseases, by the use of all methods, whether medicinal, surgical, or mechanical. In other words, he must not attempt to force disease to any one method, but all his methods must work together for the good of his patients.

Specialism has arisen in response to public demand, and the public has a right to require of a specialist exceptional skill.

Nearly all important progress in medicine and surgery has resulted from special study, and the general practitioner has thereby been qualified to do well much of the work which formerly required special aid. To the writer's mind the fact is often overlooked that the various specialties are becoming more limited.

In Dr. Rice's paper on Hypertrophy of the Third Tonsil the necessity of the early recognition of the presence of the disease was especially emphasized. In diagnosing this disease the post-nasal examination is of great importance. He minutely described the symptoms and deformities which sometimes result from the presence of this hypertrophy. His method of operating is to place the child on the right side and to use the Gottstein curette.

Dr. Perkins' paper was not only an able and interesting presentation of a medico-legal case, but also an addition to our current humorous literature. This paper commanded the earnest attention of the audience and excited a lively discussion.

Dinner at 6.30.

Adjournment at 8.

N. H. HOUGHTON, *Secretary.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the Westborough Insane Hospital on Wednesday, May 13.

The president, Dr. Carl Crisand, occupied the chair and called the meeting to order at 11 o'clock.

The first business was the discussion of the proposed increase of annual dues, and it was voted not to accept the amendment.

Dr. George S. Adams was appointed delegate to the American Institute, with Dr. Lamson Allen as alternate.

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It was voted to hold the August meeting at Lake Quinsigamond, Lakewood Inn.

Dr. Keith, as chairman of the bureau of Pediatrics and Organs of Special Sense, took charge of the meeting, stating that it was the expressed wish of the members of the bureau that the meeting take the form of a clinic, rather than the usual list of papers and discussions. Dr. G. Francis Adams then read an interesting paper on "Hysteria in the Male." He said, in considering the cause of hysteria, account must be taken of any nervous heredity, but that any and all attempts to make a satisfactory explanation must be considered more of a failure than a success. The original theory that the uterus and puberty were responsible factors in all cases of hysteria has been exploded by the number of cases observed in the male sex. That females are more often affected than males there is no question, but that it is not uncommon among males has been convincingly shown by Charcot and others.

In the predisposed the emotions, especially the passions, are the frequent cause, as also mental and physical strain.

The diagnosis of hysteria calls for a perfect knowledge of your patient, and great skill and care should be taken to exclude simulation, melancholia, the early stages of other insanities, epilepsy, hypochondria, neuralgia, progressive muscular atrophy, multiple sclerosis of the brain and spinal cord, neurasthenia, uræmic coma, and organic paralysis.

The prognosis in each case can only be judged from our present knowledge of hysteria. As far as life is concerned, the prognosis is favorable although a fatal result may take place. The hereditary forms are seldom cured, though they may be greatly improved by careful attention to the general health and removing the exciting cause, while those attacks occurring in the non-predisposed are always considered curable. The treatment of this disease is usually a very tedious matter, and may need to be as changeable as the phases are variable. Dr. Adams then reported two cases that were presented before the society later on.

Dr. Crisand opened the discussion of the paper, carefully emphasizing the important points, and a general discussion followed.

Dr. Keith then read an able paper on the "Importance of Correct Diagnosis in Insanity," dwelling upon the importance of early recognition of features leading to mental unsoundness.

This was followed by a clinic of fifteen cases, typical of the different forms of insanity, conducted by Dr. George Adams. There were many cases of melancholia, paranoia, acute mania, circular insanity, and dementia presented, attention being called to the particular points as each case was discussed.

An interesting case of melancholia, which was spoken of and later shown to the physicians, was that of a colored woman twenty-seven years of age, who in a fit of depression attempted suicide by cutting her throat. The incision made was two inches in length, through to

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the pharynx, cutting off the epiglottis, so that when milk was given her it came out between the hyoid bone and the thyroid cartilage, thus necessitating feeding her always with a tube.

Luncheon was served at one o'clock, after which the physicians repaired to the hall to witness the gymnasium lesson which was given to a large class of women. Their drills, marching, and concerted movements were admirably executed, reflecting much credit on their teacher and showing the interest they had in the work. Following this the physicians were invited to inspect the wards and workrooms, Dr. Adams and his assistants kindly calling attention to several cases of unusual interest, which were afterward discussed.

The meeting adjourned at four o'clock, a vote of thanks being extended to Dr. Adams for the interesting and instructive day which the society had enjoyed and which will be gratefully remembered by those who were fortunate enough to be able to attend.

AMANDA C. BRAY,
Secretary.

REVIEWS AND NOTICES OF BOOKS.

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THE CHRONIC DISEASES, THEIR PECULIAR NATURE AND THEIR HOMŒOPATHIC CURE. By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835, by Professor Louis H. Tafel, with annotations by Richard Hughes, M.D. Edited by Pemberton Dudley, M.D. Philadelphia: Boericke & Tafel. pp. 1,600.

Among the younger homœopathists there are probably many who are not acquainted even with the names of Hahnemann's greatest literary works. While these writings were to be had only in another tongue, it was, perhaps, pardonable for Americans not to be familiar with them. At the present day, however, it is quite inexcusable for the English-speaking homœopathic physician to allow himself to remain unfamiliar with the writings of the founder of homœopathy, for excellent English translations of the "Organon," the "Materia Medica Pura," and the "Chronic Diseases" are to be had. These works with the "Lesser Writings," which is, unfortunately, out of print, but which should be put on the market once more, should be found in the library of every homœopathist. With these works in his possession one can trace for himself the evolution of homœopathy, and study its principles at first hand. As the schoolboy can be made into an intelligent citizen only by becoming acquainted with the history of his country, so the medical student can become an intelligent and loyal homœopathic physician only through the possession of a thorough and available knowledge of the history of his art. It is true that some of Hahnemann's writings are valuable today chiefly from the historical standpoint, but all of them contain

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gems of truth, and many are of great practical value, even at the present time.

The "Chronic Diseases," as originally published, consisted of five parts, which in this new American translation are collected into one large, substantially bound volume. For the benefit of those who are not familiar with the work, it may be well to give some idea of its composition as here presented. There are to be found, first of all, short prefaces by the translator, Professor Tafel; the annotator, Dr. Hughes, and the editor, Dr. Dudley. These are followed by the prefaces written by Hahnemann for the various volumes as they were originally published, the preface to the fourth volume being a short "Inquiry into the Process of Homœopathic Healing," and the preface to the fifth volume being a brief consideration of the subject, "Dilutions and Potencies (Dynamizations)." (The preface to the third volume is here made use of as a preface to the antipsoric medicines, the symptom-lists of which form the chief bulk of the work. This preface contains Hahnemann's directions for the administration of drugs in acute and chronic cases.) Following these prefaces are certain essays, covering some 150 pages: I, on the "Nature of Chronic Diseases"; II, on "Sycosis"; III, on "Syphilis"; and IV, on "Psora," concluding with explicit directions for triturating certain substances up to the point of solubility.

The remainder of the book is devoted to the symptom-lists of forty-eight so-called antipsoric medicines, each pathogenesis being preceded by a few paragraphs of historical references, directions for the preparation of the drug, list of antidotes, and therapeutic suggestions. As many of these medicines are not to be found in the "Materia Medica Pura," a complete list of them is given — agaricus, alumina, ammonium carb., ammonium muriaticum, anacardium, antimonium crudum, arsen. alb., aurum, aurum mur., baryta carb., borax veneta, calc. carb., carbo an., carbo veg., causticum, clematis erecta, colocynthis, conium, cuprum, digitalis purp., dulcamara, euphorbium, graphites, guaiacum, hepar sulph., iodium, kali carb., lycopodium, magnesia carb., magn. mur., manganum, mezereum, muriaticum acidum, nat. carb., nat. mur., nitri acidum, nitrum, petroleum, phos., phos. acidum, platina, sarsaparilla, sepia, silicea, stannum, sulph., sulph. acidum, zincum.

It will thus be seen that the book is hardly one for criticism. The first and much the smaller part is theoretical; and although the theories advanced are based on exceptionally wide experience and close observation, they are theories which are to-day quite untenable. One of these theories, or more precisely Hahnemann's psora theory, by which he accounted for the existence and incurability of seven eighths of all chronic diseases, has been the subject of much controversy, has been adopted in whole or part by some, ridiculed by many, and ignored by others. It is quite unnecessary to advance arguments in support of, or in opposition to, this theory. It has served a purpose, and served it well. It is to this book that one

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should turn who is desirous of knowing the nature of the theory, and who wishes to learn exactly what Hahnemann said and meant in reference to psora. As a study of chronic diseases, this is, in spite of its weaknesses, a masterpiece, and contains abundant testimony to the erudition, the keenness, and originality of its author.

In regard to the symptom-lists, it is enough to say that they are Hahnemann's own. This portion of the work has been under the supervision of Dr. Hughes, who has made corrections where necessary, explained obscure references, and given such needed information as adds to the exactness, reliability, and usefulness of the lists.

The work done by the publishers in printing and binding the book is most creditable, the paper being of good quality, the type perfectly clear and readable, and the binding durable. It is to be hoped that the profession will appreciate the opportunity of obtaining this work thus offered by the publishers, and show that appreciation by rapidly exhausting the edition.

HAHNEMANN'S DEFENCE OF THE ORGANON OF RATIONAL MEDICINE AND OF HIS PREVIOUS HOMŒOPATHIC WORKS AGAINST THE ATTACKS OF PROFESSOR HECKER. AN EXPLANATORY COMMENTARY OF THE HOMŒOPATHIC SYSTEM. Translated by R. E. Dudgeon, M.D. Philadelphia: Boericke & Tafel.

Dr. Dudgeon has once more placed the English-speaking portion of the homœopathic profession under great obligations to himself by his recent translation of Hahnemann's great and only defence of the system of practice he had inaugurated. The book is made up of one hundred and thirty pages, and is characterized by the confidence, thoroughness, and seriousness so marked in all of Hahnemann's writings. It was originally credited to Hahnemann's son Friedrich, but it bears internal and unquestionable evidence of having been the work of the father, an idea that is confirmed by Hahnemann's letter to his publisher concerning the book, which forms part of the translator's preface. Hahnemann had determined not to enter into any controversy with the opponents of his doctrines, and for fifteen years he adhered to this resolve, continuing in the mean time industriously at work patiently collecting facts in support of his novel doctrines, and adding to the resources of his art, content to let the truths he had uttered do their own fighting. He had allowed many unjust and bitter attacks to pass unnoticed, but his sustained silence encouraged Professor Hecker to make one more abusive attack, and to claim that he at last had dealt a deathblow to homœopathy. In order to discourage this view of the case, and to show how paltry and unjust were the arguments which had been brought against homœopathy, Hahnemann wrote this rejoinder to his most active opponent, Professor Hecker. In it one finds answered most of the objections that have ever been urged against homœopathy, and answered by the originator of the system. The weapons Professor Hecker used were the ones with which homœopathists of a later

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date became thoroughly familiar; namely, abusive language, ridicule, and evidences of bitter animosity, misquotations, sophistry, and dogmatic assertions based on conviction perhaps, but not on knowledge. There is no evidence whatever that Professor Hecker had ever honestly tried any experiments along Hahnemann's lines to test the validity of the new theories. It is not necessary to quote many passages to show Hahnemann's clear and direct methods of replying to his antagonists, but the following may not be out of place. In response to a dogmatic statement, Hahnemann says by way of a footnote (p. 32), after meeting the assertion with a reference to an easily corroborated fact: "Experience and scribbling are two very different things! Works of experience, such as my *Fragmenta* and *Organon of Rational Medicine*, can only, if at all, be confirmed or refuted by fresh, honest experiments. It is ridiculous, and more than ridiculous, to combat careful, real experience by tirades *ex cathedra* and captious verbosity."

That Hahnemann knew quite well what he was talking about is shown in the following passages. On pp. 69 and 70 are found these paragraphs: —

"The allegation of several physicians who say they have seen a kind of phthisis cured by the *tin* in the *antihecticum Poterii*, Hecker meets as follows (p. 215): '*Antihecticum Poterii*, as is well known, contains no *tin*.' A bad shot, Professor Hecker! Poterius himself describes its mode of preparation (in *Opera*. edit. a Fried. Hoffmann, p. 297), from which it is seen that it consists of two parts of *tin* and one part of *regulus of antimony*, deflagrated with one-third part of *saltpetre*. When his followers, Stahl, Teichmeyer, and the Brandenburg Dispensatory altered the formula, they retained the *tin* as the chief ingredient of the *antihecticum*. What does the reader now think of the ignorant assertion of Hecker: '*Antihecticum Poterii*, as is well known, contains no *tin*'? And yet he is a renowned professor!

"I say, 'Stahl observed a kind of phthisis caused by (the *antihecticum*) *tin*.' On this Hecker remarks: 'Stahl did not observe true phthisis caused by *tin*.' Hecker says this as confidently as though he had been present, and as though the assurance of the honorable Stahl (*Mater. Med.*, Cap. 6, p. 83): '*It is certain* that persons who have been using the *antihecticum* have fallen victims to phthisis' was of no value in his eyes. It was not my business to find out what *kind* of phthisis this was."

On pp. 90, 91 we find the war carried into the enemy's country: "At p. 231 Hecker accuses me of 'sophistry and ignorance in the domain of *real pathology*.' . . . Now, as regards my supposed 'ignorance of real pathology.' As every text-book of pathology and every academic teacher of pathology has *a different pathology*, one of which is only distinguished from another by the greater absurdity of its hypotheses, while all *allow* to nature only a definite number and form of diseases, which she must only produce in the manner

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each author conceives according to his own imaginary hyperphysical conjectures, and as all these conjectures differ from those of every other pathological author, we may reasonably ask where among all these products of the brain is the only saving, true *real pathology* to be found?"

Although this "refutation" is eighty-five years old, this is the first time it has appeared in an English translation, and in spite of its age it is as fresh and interesting as if it were quite new.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D., F.R.C.P. Seventh American from the Eighth English edition. Revised and enlarged by H. Montague Murray, M.D., F.R.C.P. Philadelphia: Lea Bros. & Co. pp. 598.

This well-known text-book, modestly called an "Introduction" to pathology, has been before the profession so long and has so thoroughly established its right to the confidence that has been placed in it, that extended comment at this time is unnecessary. The work has already an enviable reputation, and in regard to this new edition the simple question arises, Does it maintain, detract from, or add to this reputation? The recent revision the work has been subjected to enables one to say that the book is thoroughly abreast of the times, and that its reputation will be fully sustained and even increased by this edition. In examination of the work to note its improvements one finds in the way of additions a new chapter on diseases of the nervous system, in which are briefly discussed meningeal inflammations, inflammation of the brain and cord, primary and secondary degenerations, cerebral hemorrhage, etc.; also several pages devoted to tubercular disease of bones and joints, and sixty new illustrations and a colored frontispiece showing several culture-tubes of various micro-organisms.

It is in sections devoted to bacteriology and to blood that one expects to find most marked changes from the earlier editions, for in these departments of knowledge great advances have been made during the past decade. Careful reading of these sections is not disappointing, for the conservative reviser and editor of this edition has included the most recently acquired and most reliable facts obtained by skilful investigators. The improved methods which have been introduced into the study of blood disks and leucocytes have resulted in the acquisition of knowledge that illuminates like a flood of sunshine many hitherto obscure points in pathology.

On page 130 is found the statement, "A piece of skin an inch square . . . may be transplanted . . ." Had the statement referred to a much larger piece it would have been well within the limits of accomplished fact.

The keynote of the book is struck in the introductory chapter, which includes this paragraph: "Our guiding principle in modern pathology is that we have to deal not with new tissue cells and functions, but simply with disturbances of ordinary elements and func-

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tions. It is obvious, therefore, that for the purpose of studying disease our acquaintance with the body in health cannot be too intimate. New cells (bacteria), and even entire animals (parasitic worms), are frequently introduced into the tissues, but as *causes*, not *products*, of disease." Quite in accord with this idea we find, as a sort of foundation to the work, a concise and satisfactory study of the normal morphology and physiology of cells.

The book is written in a lucid and pleasing style and is admirably adapted to the needs of the student, with whom it is destined to remain a favorite text-book.

A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D., Clinical Professor of Diseases of Children, Bellevue Hospital Medical College. 273 illustrations and four plates. Eighth edition, thoroughly revised and greatly enlarged. New York and Philadelphia: Lea Bros. & Co. 1896. pp. 987.

The present edition of this work bears out the well-earned reputation of its predecessors, and contains 106 pages and 222 cuts more than the seventh edition.

It treats of the multitude of ills occurring during childhood, and presents in a clear and pleasing style the details of each condition and its treatment.

The portions treating of the care and diet of infants and derangements of the digestive organs are especially well prepared.

A feeling of regret is irrepressible that, in the effort to embrace so many topics, the details of some are of necessity made very brief. In the section on the mechanical treatment of spinal curvatures, for example, no reference is made to the hammock for the application of plaster dressings, yet this apparatus has been employed most successfully for a considerable length of time.

Under malformations no reference is made to congenital dislocations, which occasionally exist.

Some changes in the table of contents and index would be advantageous. It is, for example, slightly incongruous to find intubation and tracheotomy enumerated as diseases of the respiratory system.

The volume stands at the head of works on this subject, and well sets forth the accepted methods of treatment and care of children.

B.

PHYSICAL AND NATURAL THERAPEUTICS: THE REMEDIAL USES OF ATMOSPHERIC PRESSURE, CLIMATE, HEAT AND COLD, HYDROTHERAPEUTIC MEASURES, MINERAL WATERS, AND ELECTRICITY. By Georges Hayem, M.D. Edited by Hobart Amory Hare, M.D. 113 illustrations. Philadelphia, Lea Bros. & Co. 1895. pp. 426.

In examining this recent work the reader experiences a special degree of satisfaction in finding collected together data and methods capable of daily application in the multiplicity of cases and diseases requiring treatment.

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The book is well adapted to meet the wants of the general physician, who, while seeing the necessity for changed environment and manner of life in his patient, is often at a loss to know where to turn for the desired information. The American editor has added much to the text bearing upon the character of his own country and nation, and yet still further additions would be helpful.

The section devoted to electricity contains nearly two hundred pages, almost one half the book. A larger portion of this space is occupied with description of apparatus, statements, and demonstrations of principles, while hardly sufficient space is given to the therapeutic application.

The style is easy, clear, and concise. In addition to a well-prepared general index is a therapeutic index. B.

ELECTRICITY IN ELECTRO-THERAPEUTICS. By Edwin J. Houston, Ph.D., and A. E. Kennelly, Sc.D. New York: The W. J. Johnston Co. 1896. pp. 402.

It cannot be denied that the majority of physicians show very little interest in electricity as a science, apart from the bare measure of knowledge which will enable them to use the simplest galvanic or faradic effects demanded because of the faith of their patients in the "marvelous power of electricity." This is not to be wondered at when we consider the fact that in most of our medical colleges very little, if any, attention is given to electro-therapeutics; and when our students have left college and become busy practitioners they have not the time to hunt through the mass of existing electrical literature, much of it quite technical, for the information which should have been obtained at college. Owing to the numerous and increasing applications which electricity and magnetism have found in electro-therapeutics, however, it has become necessary for the wide-awake and "up-to-date" physician to know more of the science. It is a fact quite apparent, also, that of all the works on electro-therapeutics many are completely out of date, while none of them present in a simple form, free from technicalities, the fundamental principles underlying the action of this subtle force in its various modifications. The book named above aims to impart this knowledge; and while some of the illustrations used may be considered rather abstruse, on the whole it will do much to render this subject clear.

It will prove very desirable to the physician who wants to understand his apparatus and be enabled to adjust any little derangement thereof without being under the necessity of sending for an electrical expert. J. E. C.

NUMEROUS NAMES FOR ROENTGEN'S DISCOVERY. — Among the many names used to designate the discovery of Professor Roentgen are the following: "X" ray photography, shadowgraphy, radiography, cathode photography, cathography, electrography, fluorography, skiagraphy, skotography, and Roentography. — *American Medical and Surgical Bulletin.*

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PERSONAL AND NEWS ITEMS.

——: o: ——

DR. E. R. JOHNSON has removed from Melrose to Wollaston, Mass.

DR. J. EMMONS BRIGGS, who has been spending the summer at Sorrento, Me., will return to the city September 1.

WE are pleased to report that Dr. N. W. Emerson has entirely recovered his health, and he will be back in Boston to resume his practice about the middle of September.

DR. N. H. HOUGHTON will move from 544 Columbus Avenue to Hotel Beresford, 845 Boylston Street, between Fairfield Street and Gloucester Street, on August 15.

DR. PRATT'S annual class for instruction in orificial surgery will be held at the Chicago Homœopathic Medical College during the week beginning September 7. For particulars, address E. H. PRATT, M.D., 100 State Street, Chicago, Ill.

BALTIMORE has at last recognized homœopathy and appointed one of our faith as assistant health commissioner and another as physician to the jail. The Maryland Legislature has also fallen in line and given $1,000 to the Maryland Homœopathic Hospital. Ex.

FOOD FOR BOTTLE-FED INFANTS. — "For bottle-fed infants there is no food so well adapted for regulating the bowels as Liebig's dextrinized food. This is one of the reasons, and the principal one, why we are so partial to Mellin's Food for infants. It is prepared after the Liebig formula, and by varying the proportions of milk, when preparing it for a meal, it can be made laxative or otherwise at pleasure. Prepared with water or cream, it can be given freely to a constipated infant with good effect; but when the bowels are sufficiently loose, it should be mixed with boiled milk in due proportion, and with a little experience and judgment the evacuations can be regulated to a nicety. A pure milk diet — that is, consisting of cow's milk exclusively — is almost certain to result in constipation sooner or later." ROBERT N. TOOKER, M.D., in "Diseases of Children."

Editor of the New England Medical Gazette: — I do not often ask for space in your journal, but when I read that an old school doctor gives smaller doses than I who have been trying to practise homœopathy over forty years, I feel like "explaining." I refer to the editorial, page 291, June number, concerning morphine. Are we going to let the old school beat us? Nearly thirty years ago I made a proving of triturations of morphine. I think the proving was published in the GAZETTE, but cannot remember at this time, but I do remember it gave me severe neuralgic pains in various parts of my anatomy, and many a time since that when a doctor usually gives one eighth or more (if he gives any) I put that amount in one half a glass of water and give a teaspoonful once in five or ten minutes and usually two or three doses has a better effect than the whole dose; and it is homœopathic. A. M. CUSHING.
SPRINGFIELD, MASS.

The committee appointed to draft a set of resolutions in memory of Dr. John L. Ferson, deceased, beg to report the following: —

Whereas, In the dispensation of an all-wise Providence our esteemed friend and fellow-member, John L. Ferson, M.D., has been removed from the scenes of his labors and good works in this world, and has entered upon his rest in the other and better world; and,

Whereas, Many years of professional fellowship and acquaintance have endeared the deceased to each of us, and have demonstrated in him superior acquirements as a physician, and noble qualities as a man; and,

Whereas, By his death this society has been deprived of one of its loyal and earnest members, and his professional associates of the benefit of his judicious counsel and wise advice; therefore,

Resolved, That in the death of Dr. Ferson, the Homœopathic Medical Society

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of Allegheny County has lost a faithful and valued member, and the system of medicine, which he so steadfastly and ably supported, has lost one of its truest and most consistent advocates.

Resolved, That we tender to the bereaved family of the deceased our heartfelt sympathy and condolence, and fervently hope that their affliction will be less keenly felt by the assurance that he will be gratefully remembered by a community in which he was so highly esteemed and universally beloved.

Resolved, That a copy of these resolutions be spread upon the minutes of the society, be sent to the family of our deceased fellow-member, and to the principal medical journals of our school.

Resolved, That as the last act of respect and esteem that it will ever be our privilege to pay to Dr. Ferson, the society attend in a body the funeral services, Thursday morning, July 9, at his late residence, Wylie Avenue.

(Signed)

W. J. MARTIN, M.D.
J. B. McCLELLAND, M.D.
J. F. COOPER, M.D.
J. C. BURGHER, M.D.
T. A. WILLARD, M.D.

"THE Pharmaceutical Era" has taken up the cudgel against the evil "substitution," and says editorially in its issue for July 2: —

"It is to be regretted that any firm of manufacturing chemists, whose methods and dealings with the drug trade have always been fair and considerate, should find it necessary to protect themselves against the unprincipled substitutor, as explained elsewhere in this issue. It is hard to believe the testimony which Fairchild Bros. & Foster have gathered against retail druggists, who have substituted other preparations when Fairchild's was distinctly ordered by physicians. We fail to comprehend what a druggist is thinking of when he permits such practices behind his prescription counter. Where is the profession of pharmacy drifting to if it has gotten to that point that a physician cannot depend upon a druggist filling his prescriptions with what is ordered? We should discredit these reports if they came from a less responsible source. Such practice if continued will work untold injury to the credit and standing of the entire pharmaceutical profession. Physicians are constantly claiming that one of the principal reasons why they handle their own medicines is that they are then sure of what they are administering. . . .

'Every honest druggist owes it to himself and his profession to speak plainly on this subject. He should adopt the most strict rules for his own establishment; improve every opportunity to condemn the practice of substituting, and see that resolutions to this effect are passed by his local, State, and national associations. Each druggist should make it a point to give his physicians and his customers to understand that when a prescription comes into his establishment, it is filled with exactly what it calls for. There can be no middle ground, no compromise, no question on this point. Physicians who prescribe them and the manufacturers who make the goods must have no good cause for such complaints. The honor of the drug trade demands that this stigma be removed. It is not a question of dollars and cents alone, but professional honor is at stake, and we know that every honest pharmacist will join with us in the statement that the druggist who substitutes in his prescriptions is a disgrace to his profession."

MATERIA MEDICA IN MOTION. — The pulsatilla baby is satisfied with being carried slowly and prefers the open air. It does not cry with the energy of chamomilla or china babies. The arsenicum baby cries to be carried quicker and quicker. The veratrum baby wants to be carried quickly and even shaken. The croupy baby, whose case calls for bryonia, wants to be carried very quickly and even says "run." The china baby wants to be rocked fast. —*A. McNeil, in American Homœopathist.*

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THE

NEW-ENGLAND MEDICAL GAZETTE.

No. 9. SEPTEMBER, 1896. VOL. XXXI.

COMMUNICATIONS.

—:o:—

FIVE YEARS' WORK IN SURGERY.

BY HORACE PACKARD, M.D.

OPERATIONS.

January 1, 1891, to January 1, 1896.

	No. of Operations.	Cured.	Relieved.	Not Relieved.	Suppuration.	No Suppuration.	Convalescent.	Died.
1891	242	194	26	6	64	163	0	16
1892	245	203	22	7	50	182	0	13
1893	252	222	10	8	37	203	0	10
1894	291	262	6	13	39	242	0	10
1895	357	304	24	8	70	281	15	6
	1387	1185	88	42	260	1071	15	55

Mortality 3.96 %.

SURGICAL ACCIDENTS AND FATALITIES.

Shortly after a recent operation, for a case of extremely menacing appendicitis, and while the patient was still in a critical condition, a medical friend of the family said, on learning of the occurrence, "Appendicitis? Oh, yes! Operations for this condition are of almost daily occurrence at the hospital. A trifling matter, patients come in the morning, have the appendix removed and go home in the afternoon." Again, at a recent medical meeting, an esteemed colleague, in the midst of a discussion on vaginal hysterectomy,

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declared that "The operation has become a matter of great simplicity and without danger."

To the surgeon who has conducted a series of cases safely through what we should class as capital operations, the inclination is very great to minimize the danger incident to such procedures, or even to exclude it altogether, in the zeal to induce patients to undergo a proposed operation. With operations of necessity the question of danger from the operation itself occupies a secondary position, for the reason that the malady itself is a menace to the patient's life. In operations of choice, on the other hand, the question of the amount of danger which the operation itself entails is the all-important one. Dangers and fatalities often occur which can in no wise be anticipated. So simple an operation as repair of a lacerated cervix has its mortality. I had operated upon more than one hundred cases, without threatening sequelæ, when an instance occurred where a patient apparently hovered between life and death for a week. After the lapse of several years another case occurred of the same character, with fatal result. Several years ago a case of complete rupture of the perineum, where I had made repair in the usual way, followed by most excellent progress for a week, suddenly developed apoplexy while still in bed, with a fatal sequel two or three days later. A case of osteosarcoma of the skull communicated so directly with enlarged cerebral sinuses, that uncontrollable and fatal hemorrhage caused collapse and death before the completion of the operation.

There are so many unknown quantities within the patient's own organism that one can never promise "there is no danger." To be sure, we have many means of judging of the ability of individual cases to safely withstand the vicissitudes of anæsthesia and surgical operation. We can know with a measurable degree of accuracy of the integrity of the heart, the kidneys, and the digestive organs. We have no means, however, of judging of the patient's resistance to the various forms of microbic agencies which are liable to become factors after any surgical operation; neither can we judge of the absence or presence of normal coagulability of the blood. Hæmophilia has, without question, been the cause of many fatal cases of secondary hemorrhage.

The position, then, that no operation is devoid of danger, many having but little, others a great deal, is the only justifiable attitude. It at least frees the surgeon from the accusation, after accident or fatality has occurred, of misrepresentation.

SHOCK AND ITS MANAGEMENT.

(Intravenous infusion of salt solution.)

This undesirable condition, which is liable to be the sequel of any surgical operation, has been the subject of discussion since the beginning of surgery. It is an unknown quantity in each case.

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The individual idiosyncrasy is very great. A hip joint amputation in one patient is followed by such profound shock that fatality follows, while in another convalescence occurs without incident. Shock takes place usually from one of two causes, either loss of blood or a profound assault upon the organism through the sudden severance of a large part, as a leg or arm. I believe nothing in recent times has been discovered which so satisfactorily averts this undesirable complication as the intravenous infusion of salt solution. It is especially in shock following loss of blood that its value is manifest, but it also exerts a salutary influence after prolonged operations where there is extreme depression of the vitality even though but little blood has been lost. It is a measure so simple in its execution, and can be performed with such simple apparatus, that there is little excuse for not resorting to it when the patient's life is jeopardized by shock. Sterilized, filtered, or distilled water should be used, although I should not hesitate to use any pure spring water which had been thoroughly boiled and allowed to cool. A clean glass funnel, to which is attached a couple of feet of rubber tubing, and at the end of that a glass canula — the tapered glass tube of a medicine dropper answers every purpose — constitutes the essential part of the apparatus. The median basilic vein at the flexure of the elbow is exposed by a short incision through the overlying integument, a catgut ligature applied to it well toward the distal extremity of the wound. A small longitudinal slit is then made in the wall of the vein, in which the tip of the glass canula is inserted, first being sure that the tube, canula, and funnel are full of the salt solution, and there are no air bubbles to be carried into the circulation. The salt solution is what is termed a normal saline solution, that is, it approximates the normal salinity of the blood. It is made by adding one dram of pure sodium chloride to the pint of water. The solution should be maintained as near as possible at 100° F. It cools a little in passing through the funnel, tube, and canula, and by the time it reaches the circulation will probably have dropped to approximately 98⅔° F. From one to three pints, according to the amount of blood which has been lost, may be run into the circulation.

The beneficial results are observed almost immediately. A pulse which is imperceptible at the wrist within three minutes takes on increased volume, and in six or eight minutes more becomes full and regular. I have within the past year resorted to this measure quite a large number of times, with so much satisfaction that I now make the apparatus necessary for its performance a part of the equipment for every operation of magnitude.

The following case, which has recently come under my observation, well illustrates the value of this adjuvant.

A case of ruptured tubal pregnancy at the ninth week was undergoing operation. The patient was exsanguinated before the abdominal incision was made. The peritoneal cavity was full of blood and clots. Just as the left broad ligament which bore the gestation sac

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was being ligated, the anæsthetist reported the patient in collapse. Absolutely no pulse could be detected at the wrist. Respiratory efforts still continued, but superficially and at rare intervals. The median basilic vein of the right arm was quickly opened, and in a few minutes a current of warm saline solution was flowing in and mingling with the blood current.

In three or four minutes more a faint pulse could be detected; at the expiration of ten minutes it was full and round; respiration had improved, and by the time that three pints had been infused, a slight pinkish color had returned to the cheeks. The patient's life was saved.

The operation was completed without further incident. There was no subsequent shock, and the patient has made an uneventful convalescence.

I have been recently much gratified to learn through an esteemed colleague who conducts the surgical work in a suburban hospital, and who had seen this expedient resorted to during an operation which I was conducting, that he has resorted successfully to this method of resuscitation in a case of collapse from loss of blood following an accidental wound.

The patient lay upon the table apparently dead; no action of the heart could be detected. Bystanding colleagues protested that saline infusion would be useless, in view of the apparent fact that the patient's life had already come to an end. He persisted, however, in making the infusion with the result that in a few moments the heart began to pulsate feebly, but gradually gained in strength as the infused fluid increased, until the circulation was again well established. The patient recovered.

CASTRATION FOR PROSTATIC HYPERTROPHY.

This distressing malady has always been the bête noire of the advanced years of manhood. It is indeed a piteous spectacle to witness the prolonged sufferings and annoyance in a man of advanced years, who has led, perhaps, an exemplary life in every way, and at a time when he is able to put aside business cares, and enjoy the competency which has accrued from hard work and integrity in his business. His comfort and happiness are completely upset through this misfortune.

Until the possibility of relief of this trouble through castration was suggested, treatment was directed to extirpation of the prostate, or such portion of it as could be cut away.

Such operations, involving as they must either a supra pubic or perineal cystotomy, are poorly tolerated by the aged and usually weakened patient.

Castration has now been practised a sufficient number of times to warrant at least some deductions as to its efficacy. As is usual with a new and highly vaunted surgical procedure, many reports have

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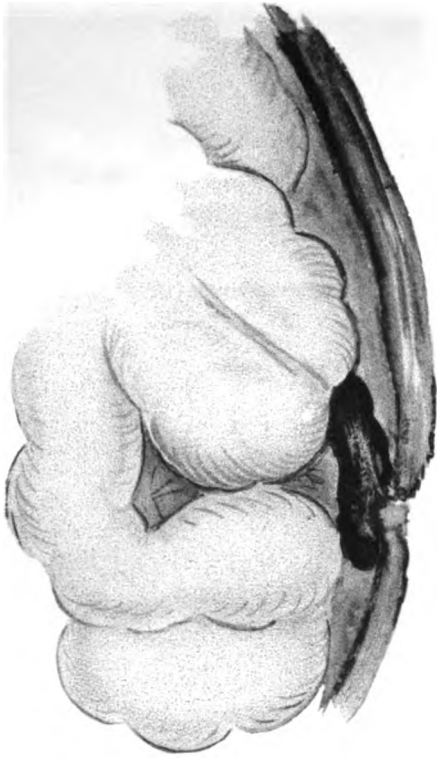

MENACING APPENDICITIS.

Adhesion of Appendix to Abdominal Wall with perforation and formation of Sinus

Case No 48 1896

RECURRENT APPENDICITIS.

Partly occluded Appendix (sectional view) Accumulation of pus within and small fecal calculus at entrance. Case No. 35, 1895

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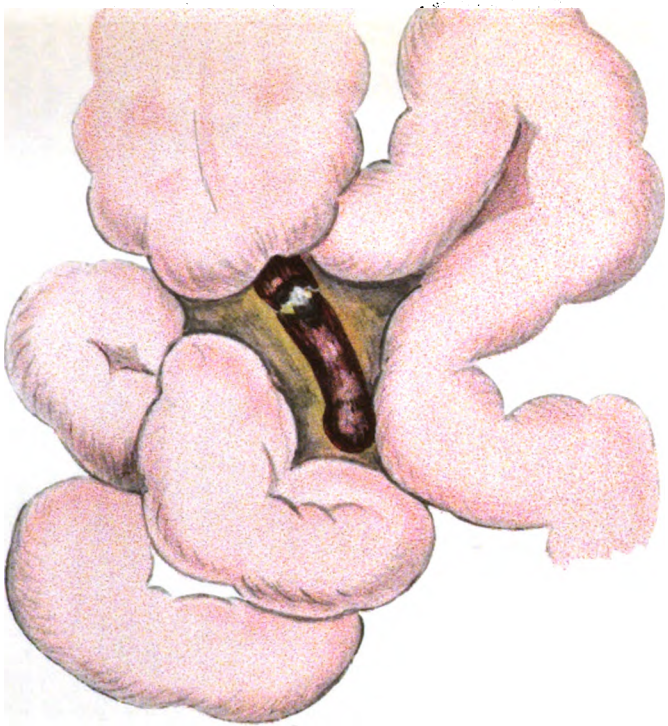
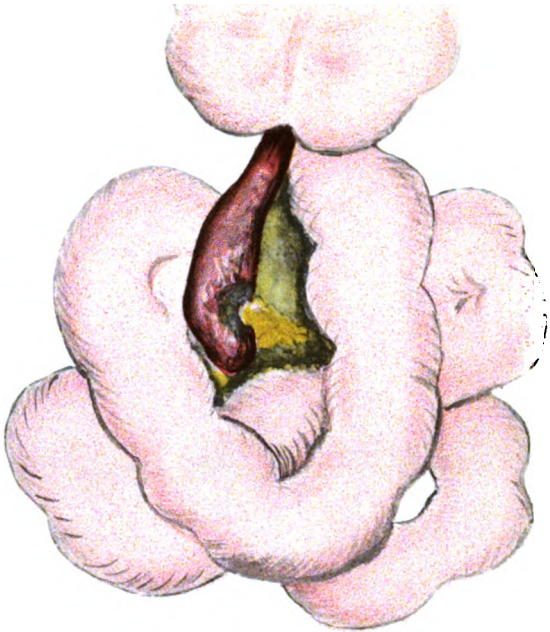


MENACING APPENDICITIS.

Appendix entirely sloughed off Good protective adhesions preventing general peritonitis.

Case No. 22 1894.



MENACING PERFORATIVE APPENDICITIS.

Perforation and discharge into compartment of peritoneal cavity protected by adhesions.

Case No. 50, 1896

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undoubtedly been prematurely commendatory, and final results have not been commensurate with the hopes of the patient or surgeon.

Statistics show that a large percentage, over seventy-one per cent, are permanently benefited, also that the operation has a very small mortality, especially in those cases which are not too far advanced.

Two cases only have come under my personal observation. These were both of long duration, feeble and well advanced in years, 68 and 75.

One patient died within two weeks of the operation, but from causes apparently in no wise connected with it, for the wounds healed by first intention without a drop of pus. The other case lived almost five months, with positive relief from local symptoms. Death finally came from general exhaustion and senility.

APPENDICITIS.

This disease, which has excited so much controversy and comment, both among the profession and laity, for the past few years, still constitutes one of the most important surgical conditions with which the surgeon has to deal. The question as to whether surgical interference in a given case is for the best interest of the patient is often extremely difficult to decide. In the observation and operative treatment of a large number of cases the following classification has suggested itself to me, based on the pathological conditions taking place.

This classification has seemed to me of great aid in determining the question of resorting to operation.

CLASSIFICATION OF APPENDICULAR INFLAMMATIONS.

Recurrent Appendicitis. — Exaggeration of normal secretion of appendicular mucous membrane. Mucous membrane raised in rugæ: outlet partially obstructed, drainage incomplete, periodical accumulation of mucus, liquid fæcal matter, and products of activity of colon bacillus. Spontaneous evacuation, relief of symptoms. Periodical recurrence. Seldom or never lapses into perforative appendicitis. No danger to life. Sometimes chronic state of invalidism is induced through frequently recurring attacks. Operation for the removal of appendix between attacks the only course which permanently cures.

Menacing Appendicitis. — Total occlusion of the appendix through constriction near its cæcal orifice, or the presence of a fæcal calculus which fills its whole lumen. Incarceration of colon bacilli, pus formation, ulceration of the mucous lining, finally perforation and escape of the infectious material into the peritoneal cavity. Agglutination of adjacent loops of intestines and the formation of a compartment of the peritoneal cavity into which the infectious matter is received and safely held, temporarily or permanently, without extension to the general peritoneal cavity. Possible spontaneous recovery through

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absorption of the purulent débris, or its escape per anum through perforation of an adjoining loop of intestine, or perforation of the abdominal wall and discharge externally. Death may occur through secondary rupture into the general peritoneal cavity, or absorption of the septic matter into the general system and general septicæmia. A bunch is always present, discernible in the right inguinal region, through palpation or percussion. Operation for the external evacuation of the pus at the earliest time that its presence can be demonstrated with the least possible disturbance to the other abdominal viscera, with or without the removal of the appendix itself, according to circumstances, offers the safest course for the patient.

Fatal Appendicitis. — Perforation occurs from similar causes mentioned above. No protective adhesions have occurred. The infective material meets with no obstacle to rapid extension throughout the peritoneal cavity; the pain begins suddenly, violently, steadily augments, and, without remission of symptoms, fatality occurs the fourth or fifth day from general peritonitis. Nothing avails to save the life of the patient except operation within the first day or two. These are the cases where surgery preëminently should be invoked early for the removal of the perforated appendix, obliteration of its communication with the peritoneal cavity, thorough cleansing away of extravasated débris and adjustment of capillary gauze drainage for forty-eight hours. It is rare, however, that physician or patient is awakened to the gravity of the case until too late. If, however, the pathological conditions be borne in mind with the suddenness in onset of symptoms and their steady augmentation and violence without remission, it seems to the writer that the urgent demand for surgical interference in the interests of the patient cannot be overlooked.

The following table and the accompanying illustrations afford a somewhat comprehensive record of the author's experience in this disease during the past few years. A few of the most marked and interesting cases are herewith appended.

Perusal of the table shows a total of forty-two cases, with thirty-four recoveries and eight deaths. I have no question in my own mind but that every individual fatal case might have been saved had operation been performed earlier. Invariably, when death has occurred, it has either been from general septicæmia without peritonitis, or violent general peritoneal inflammation with extreme tympanites. The following are brief notes of the circumstances attending the fatalities: —

Case 6 was a boy of eight years; duration of attack ten days; general tympanites at the time of operation. A fæcal calculus was the cause of the attack, and was found in the abscess cavity. General septicæmia supervened.

Case 2. An adult was operated upon ten days after the beginning of the attack. General peritonitis was present; a calculus was evac-

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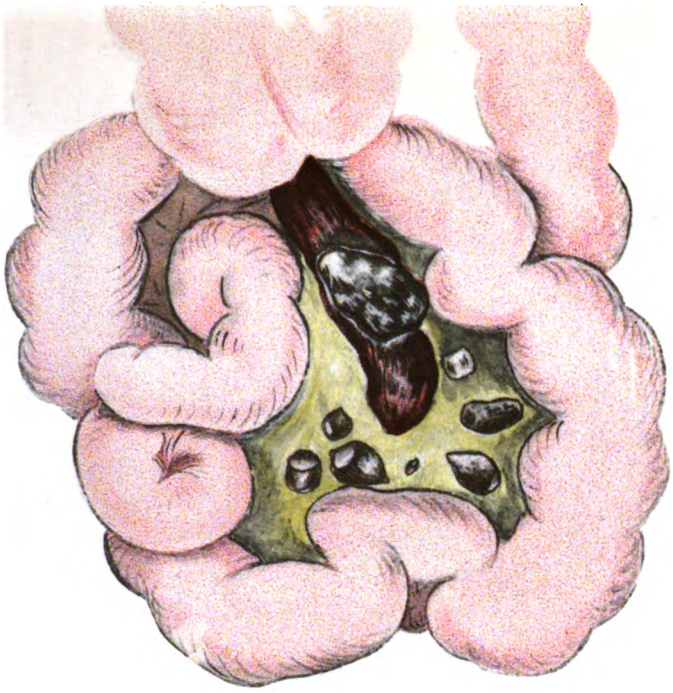

Fatal Perforative Appendicitis with eight Calculi.

Case No. 43. 1896.

Appendix with Calculus which has caused Perforation.

Case No. 37, 1895.

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uated, and drainage established. A continuation of the general peritonitis proved fatal.

Case 12. The patient, an adult, was first seen three days after the initial symptoms. He refused operation, which was postponed for a week. At the expiration of nine days operation was performed, four calculi removed with evacuation of pus. He survived five days under hopeful conditions, at the expiration of which time there was sudden collapse and death. There was undoubtedly, prior to operation in this case, absorption of septic material, with embolic infarction of the brain.

Case 13. Twenty-eight years of age. Had been ill one week. General tympanites existed, in fact, the patient was almost in collapse, and operation was performed as a last hope. Death occurred from a continuation of the peritoneal inflammation.

Case 16. A woman of thirty-five years; had been ill five days. The abdomen was distended at the time of the operation. Death occurred twenty-three hours later from continuation and extension of the peritoneal inflammation.

Case 19. Was seen by me within thirty-six hours of the initial symptom. At that time there was no general peritonitis, but distinct dulness in the right inguinal region indicated local peritonitis and pus accumulation. The case was first seen in consultation late at night. Operation was advised, and I went early the next morning prepared to execute it. A friend of the family had in the mean time, and without my knowledge, summoned another expert consultant. His judgment was opposed to operation at that time. In accordance with this, the case went on four days more, when general septicæmia developed with violent chill, rigor, and temperature of 104°, pulse 120. In spite of hurried operation then resorted to, the patient succumbed to general septicæmia in just six days after the first symptoms appeared.

It has always been my firm opinion that had operation been performed, according to first arrangements, and capillary drainage established, recovery would have taken place.

Case 24. A woman of thirty-five years; had been ill seventeen days. When I first saw her in consultation, there had evidently been a secondary rupture, that is, the peri-appendicular pus accumulation which had been localized up to about the time I was summoned had escaped through rupture of adhesive bands, and had invaded the general peritoneal cavity. There was, at the time of the operation, tympanites, and on making incision through the abdominal wall extremely fetid pus escaped, and a sloughing appendix came into view, which was removed. In spite of irrigation and the adjustment of drainage, the peritoneal inflammation continued and ended fatally.

Case 32. A boy of five years was hurriedly brought to the hospital late one night with symptoms of collapse. He had been ill five days, and had been attended, nearly up to the time of his hurried

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transmission to the hospital, in a conservative expectant way. His removal to the hospital was through change in medical adviser, and falling into the hands of a wide-awake young physician, who recognized immediately the serious import of the case. Operation was made without delay by electric light which showed secondary rupture, pus well disseminated through the peritoneal cavity, a sloughing appendix, and a large calculus. In spite of the most thorough irrigation and the cleansing of individual loops of intestines, death occurred seventeen hours later.

I have thus portrayed at considerable length the incidents relating to the fatal cases, for it is from these that we learn lessons to guide us in the future. A glance over them shows that almost invariably the disease had progressed long enough to permit of the establishment of general peritonitis or general septicæmia before surgery was invoked. Generally speaking, if a death occur shortly following a surgical operation, surgery is blamed for it. I cannot believe, however, in a single individual case described above that the operation hastened death a single hour. On the contrary, I believe that every individual case might have been saved had surgery been invoked sufficiently early. On glancing through them it will be seen that from five to seventeen days had elapsed before surgery was resorted to. In a rapidly fulminating case, by the fifth day the patient is beyond help, while in a slowly progressing case, or one accompanied by protective adhesions, the lapse of ten to twelve days may find the patient in collapse from secondary rupture or general septicæmia.

In contrast to the fatal results which I have described in the above cases, I will briefly narrate a recent case of a boy twelve years of age, in the family of one of my colleagues. His initial symptom of pain in the abdomen occurred at seven o'clock on Friday morning, and was deemed a transient attack of colic, until, not improving in the latter part of the afternoon, appendicitis was suspected. I saw him in consultation at eleven o'clock in the evening of the same day. At that time he was sleeping, and on waking tolerated deep pressure over the region of the appendix quite freely. I was unable at that time to make out any tumor. His temperature was 101° F. and pulse 120. At seven o'clock in the evening his temperature had been 102½° F.

With his apparent freedom from pain and toleration of deep palpation, it was considered wise to wait until morning. A cold pack was adjusted about the abdomen, and belladonna administered internally. I hoped that it was a transitory attack from which he was already convalescing and that the next morning his temperature and pulse would be nearly normal. On the contrary, I found on visiting him the next forenoon that his temperature and pulse were respectively 100$\frac{9}{10}$° and 114, not materially differing from the night before.

It was determined to wait no longer but to proceed with as little

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delay as possible to operation. The reasons for adopting this course were as follows: —

First. — If it were a case of merely transient catarrhal self-limiting appendicitis, it should at the expiration of twenty-four hours be on the mend. On the contrary, no remission of symptoms was manifest.

Second. — There occurred the night before, between seven and eleven in the evening, a remission of pain and sensitiveness on palpation, but without, it should be noticed, improvement of pulse and temperature. This suggested rupture of the appendix with escape of purulent débris into the general peritoneal cavity.

Third. — No tumor was discernible on deep palpation, which showed that nature had failed to localize and shut off from the general peritoneal cavity the region affected.

Within about thirty-six hours of the initial symptom this case was operated upon, a perforated appendix containing a calculus removed, and a moderate amount of purulent matter washed out. Not a single untoward symptom followed the operation, and at the end of a week the little fellow had normal temperature and pulse, and wound very nearly healed.

It is my earnest hope that with a wider dissemination of rational views upon the pathology of appendicitis, and the undoubted beneficence of proper surgical treatment, that the fatal dillydallying treatment of the present day will be a thing of the past. It seems absolutely inhuman to permit so menacing a disease to go on day after day until a fatal issue is inevitable, when the early utilization of the surgical knowledge at our command is almost certain to cut short the disease and save the patient's life.

MALIGNANT DISEASE.

The treatment of cancer, either medical or surgical, constitutes one of the most discouraging experiences falling to the lot of a physician. With all our boasted progress in medical science, we must admit that little or nothing has been developed to broaden our knowledge of the true nature of malignant disease or help us in its treatment, either in the way of prophylaxis or to check its progress after it has once become established. We have the same old category of escharotics in the shape of various caustic preparations, and extirpation with the knife.

There are some forms of malignant disease, notably epithelioma, such as appears upon the face, tongue, external genitals, and cervix uteri, which are undoubtedly purely local in their origin, and once thoroughly removed, whether it be with caustic, chemicals, or the knife, never reappear. Other forms, such as glandular carcinoma and connective tissue sarcoma, appear at times to be dependent on something more than purely local activity, for even with full and radical removal, similar disease breaks out elsewhere with final fatality.

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This all seems indicative of subtle differences in individual cases which grossly seem to resemble each other.

A recent line of experiments now being conducted by Dr. William B. Coley, of New York, seems to substantiate this theory. I refer here to the treatment of malignant disease with erysipelatous toxines. It seems to the writer that this marks a distinct step in advance, and may be the index of future progress which shall finally result in a successful method of treatment of all forms of cancer. Little by little the method has developed from a beginning with inoculation with living erysipelatous streptococci, then attenuated cultures of the same, until now the toxic products only are used combined with the toxic products of the bacillus prodigiosus. The use of this preparation is in no wise dangerous to life (which cannot be said of the use of the living erysipelatous virus). Daily injections of the filtered or unfiltered toxine are made into the malignant growth or in its vicinity. Several authentic cures have been reported, especially of sarcoma, as a result of this method. I am able to report one case of sarcoma of the parotid which seems to be a cure. I first made an operation upon the case for removal of the growth. Recurrence took place within a year. It then seemed unwise to again resort to operation, and accordingly I resorted to erysipelatous toxine injections, which were continued over several months with the final result that the tumor shrank away materially and seemed to become an inert non-offending node. Further injections failed to entirely dissipate it; consequently the remaining portions of the growth were dissected out, followed by excellent healing. Eighteen months have now elapsed since the beginning of the toxine treatment, and the parts are in excellent condition without the slightest sign of recurrence.

I believe this form of treatment is of little or no avail in the treatment of carcinoma, at least my experience with it in a number of cases of this description has resulted in failure.

Two other cases of sarcoma now under treatment, both of the abdominal viscera, show hopeful symptoms, and I am sanguine that cure will result.

One case of sarcoma of the head of the humerus is worthy of special note where amputation of the whole upper extremity was made.

Most excellent recovery from the operation occurred, but recurrence of the disease took place within six months with final death. I have always felt that this was a case eminently favorable for the toxine treatment, but it occurred in my practice before that method had been developed, or at least while it was in the early experimental stage.*

* The preceding is part of an extended "Report" now being published in pamphlet form by Dr. Packard. — *Ed. Gaz.*

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ANGINA PECTORIS.

BY J. P. RAND, M.D., WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

It is not my purpose to weary you with an exhaustive article upon this subject, or to attempt to teach much that it is perfectly evident the profession does not know. When many theories exist regarding the etiology of any malady, or many remedies are advertised as specifics for the same, it may be put down as a fact that none of the theories are wholly correct and none of the remedies really a specific.

The subject of angina pectoris, however, is one of intense interest, for none of the experiences in general practice can be more properly called an emergency than this. To be called to a patient in extreme agony with the certainty of immediate dissolution staring him in the face, to know for a fact that the premonitions of the patient are not hysterical vagaries but probable truths, and to conduct one's self in such an emergency so that the stricken patient will gather courage and confidence from your demeanor, requires the possession of rare tact and thorough professional training. I am speaking now of the true angina which appears most commonly in males after middle life, is not periodical in its attacks, or associated with unmistakable forms of nervous phenomena, and not of its counterfeit that springs upon hysterical females at unseasonable hours when some obliging slave is conveniently near to wait upon them.

The old theory of this affection was that it was a cardiac neuralgia, heartpain or breastpang, but that gave no hint regarding its origin. Flint, in the fourth edition of his "Practice," tabulates his observations in 238 cases of organic heart disease, and found that angina pectoris appeared in all but fifteen times, or a trifle over six per cent of his cases. He, therefore, naturally writes: "It is not ascertained upon what particular condition or circumstance common to different forms of organic disease it depends." The most reasonable way, he said, to account for the sudden death was by an over-accumulation of blood in the ventricles and consequent paralysis resulting from distension.

Loomis, in the third edition of his "Practice," said: "Strictly speaking, it is a symptom or collection of symptoms of organic cardiac disease, but it has no especial morbid anatomy." He, however, observed obstruction in the coronary circulation and fatty degeneration as the two forms of heart disease with which it was most likely to occur.

Dr. Alonzo Clark, in 1884, said: "It is pretty plainly a neuralgia, whether the change that produces it is in the muscles of the heart, caused by scanty blood supply, or in the terminal branches of the cardiac nerves." He then quotes a case from the *Lancet* of a patient who died in a paroxysm of angina. The autopsy showed left-sided hypertrophy and dilatation, with obstructions in the mouths of both coronary arteries.

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The "Medical Annual" for 1891 especially emphasizes obstruction of the coronary arteries in some form as the most common condition observed in persons dying from an attack of angina, and calls attention to the fact that the coronary arteries may be markedly atheromatous when other arteries in the body show no pathological change.

Thus you see the trend of professional opinion lay in the direction of obstruction to the coronary circulation as the essential lesion of this disease, so that in 1892, when Page brought out his "Practice," he accepted this theory as a matter of course, and said, "Stenocardia is ischæmia of the myocardium, or localized anæmia of the heart due to sclerosis of its nutrient vessels, the coronary arteries."

I do not know that any more recent theory has obtained general acceptance, and by many yet the correctness of this is held in doubt.

Osler, in his work of 1895, after alluding to the various theories as neuralgia, cramp, dilatation, and ischæmia from disease or spasm of the coronary arteries, fails to express any positive opinion of his own regarding the matter, but adds, "Anatomical changes in the arteries and myocardium are almost constant." While Goodnow, who has given us a good old school "Practice" in sheep's clothing (cloth if preferred), discards the theory of coronary disturbance as based upon erroneous observations (though he does n't state in what way), and argues that as death sometimes happens without a perceptible cardiac lesion, the paroxysm must be due in some way to the nervous supply of the heart itself.

It will be interesting to recall in this connection the experiments of Drs. Hédon and Gilis of Paris, in 1892. They took the body of a man who had been guillotined three quarters of an hour before, tied the descending aorta and the arteries that sprung from its arch, and forcibly injected defibrinated dog's blood into the aorta itself. "The semilunar valves closed, the blood streamed through the coronary arteries, and the heart recommenced its long interrupted beat." Their method has been put into use recently by Dr. W. T. Porter of the Harvard Medical School, a description of which appears in the *Boston Medical and Surgical Journal* of January 9. By oxygenating the blood used he has been able to isolate the living heart of a cat in which, by aid of a weak electrical current, he has demonstrated the presence of vasomotor nerves that preside over its circulation. It seems little less than a miracle that a heart three quarters of an hour dead should resume its beat by flushing of the coronary arteries. But the fact of its doing so, if it be a fact, shows in the strongest manner the dependence of the function of the heart upon the stimulus which its own circulation supplies.

So much for the pathological conditions accompanying or preceding the paroxysm of angina.

It is easy to see that of all valvular lesions likely to interfere with the coronary circulation, aortic insufficiency must come first by supplying an additional exit to the recoil of blood in the disturbed aorta.

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It is also manifest that a weakened heart from dilatation or fatty deposit, or a hardened inelastic condition of the aorta, must have the same effect.

The question next arises, What causes the sclerosis or nervous disturbance upon which the paroxysm of angina manifestly depends? Huchard of Paris classifies them as, 1st, toxic, from alcohol, tobacco, malaria, or lead poisoning; 2d, diathetic, from syphilis, rheumatism, or gout; 3d, physical, moral, or intellectual overstrain.

I think it is but fair of all the causes enumerated to place the tobacco habit as first. The fact that angina is much more prevalent in men than women is in itself significant. Few women use tobacco in any form, and the reverse of men might be almost as truly stated. There is no reason that I can see (except the social one) why a man's heart should give out before the woman's. Indeed the extra strain of pregnancy and other trials sustained by her more sensitive organism would tend if anything to make her heart give out first. Hale cites the cases of two patients in whom a paroxysm of angina invariably followed the smoking of a strong cigar. It is not reasonable that the continued use of a cardiac irritant, like tobacco, can be indulged in without producing some effect. Of course there are exceptions, and some people can use a great deal of tobacco or alcohol without apparent injury, but as a rule both are injurious, though a doctor may use them himself. But I have wandered from my theme. Physicians are not the only ones who preach one thing and practise another. The late celebrated divine, Dr. Spurgeon of London, was once besieged by a distressed female in his church to know if the reports of his smoking were true. "Madam," he replied, "I must confess I dote on flowers, but burn my weeds."

The clinical manifestations of angina pectoris I will not dwell upon. There is little danger of mistaking the genuine for the spurious when you see it, and little danger of the spurious proving fatal if you did. From a business standpoint it is well to regard all cases as serious, and speak of every wandering pain in the precardial region as a neuralgia of the heart. Your inspiring presence will then be in frequent demand, and you can while away the nocturnal hours administering placeboes to hysterical patients. As you grow older, however, and less inclined to be out nights, you will be apt to assure your fictitious cases that their maladies are not really so dangerous as they suppose and that you can provide them remedies for an anticipated attack with absolute safety.

My own experience with the genuine angina has not been extensive, but I think the death rate would average as high as the most. I do not mean to say that all my cases died in their first attack, but so far as I recall they are all dead but one, and all had angina pectoris or its equivalent upon their certificates. One or two cases were of especial interest. I remember a case in my early practice at Worcester. I was called in the night to see an old lady whose regular attendant did not wish to be disturbed. Found patient suffering

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all the horrors of an acute attack. Had no amyl nitrite with me, and patient was too sick to leave even for a moment. In my dilemma I gave aconite, spigelia, stimulants and such other remedies as were at my command, including a small hypodermic of morphine. The crape was on the door next day. Since then I have always carried the amyl nitrite with me. It might not have done that patient any good, but I don't propose to be caught again without it.

Another patient, an elderly lady, with valvular insufficiency and commencing dilatation, was taken suddenly in the night. In addition to the cardiac distress there was constant nausea, so that she could keep nothing on her stomach. I stayed with her until morning, giving repeated hypodermics of brandy, glonoine, cactus, spigelia, etc. To relieve the pain, I applied chloroform on cloths wrung out in hot water to the surface, not forgetting the mustard footbath, amyl nitrite, and other volatile stimulants by inhalation.

The paroxysms gradually subsided, and for nearly a week she could keep nothing on the stomach, and I gave her medicine twice a day with the hypodermic syringe. The following week she improved rapidly and grew quite comfortable, when without provocation a second attack came on, apparently not so hard as the first, in which she died instantly, during an attempt to vomit, while sitting in her chair.

So far I have had no case on my hands long enough to note perceptible results from preventive treatment. In the history of the cases reported I have perhaps sufficiently outlined my methods for the acute attack. I admit the results have not been flattering, but I did the best I could. Should another patient appear, I shall hope he will be one who has "spent his days in riotous living." I can then dock off his injurious habits by my professional veto with some prospect of success. If he heeds my counsel, he may improve; if not, I shall warn him of his fate, and when it comes the world will know I told him so. Regarding medicines, I will not prescribe for my prospective patient until I see him, but when I do you may rest assured he will receive what I consider "the indicated remedy."

A CASE SIMULATING ACUTE GENERAL TUBERCULOSIS, WITH SECONDARY MENINGITIS.

BY N. L. DAMON, M.D., DORCHESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

On January 22, 1896, I was called to see Joseph C——, aged eighteen months, and found him very anæmic, with a peculiar waxy pallor. His temperature in the rectum was 103°, and his gums at the sites of the canine teeth were very red and swollen. Aside from an expression of marked distress, and the waxy pallor above mentioned, there was nothing apparent to distinguish the case from one

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of morbid dentition, complicated by gastroenteric irritation, which was made manifest by occasional vomiting and diarrhœa. There was a history of bad feeding, the extent of which could hardly be estimated, owing to the almost unlimited possibilities afforded by the vocation of the father, who is a confectioner, and more than ordinarily indulgent to his child. During the next week the temperature fluctuated between 99° and 104°, and the gravity of the case became more and more apparent. There was complete loss of appetite and a slight cough. To avoid burdening you with too many details, it will suffice to say that during the next week the symptoms continued unabated, and about this time physical examination of the chest (which had been practised daily with negative results) revealed slight dulness, subcrepitant râles, and broncho-vesicular respiration at the left base and right apex posteriorly. I now concluded, from the fluctuating character of the temperature, the secondary nature of the pulmonary symptoms, and the gravity of the case, that I had to deal with acute general tuberculosis; and in corroboration of this conjecture I elicited from the maternal grandmother the fact that she had lost four infants with "water on the brain." The parents were informed of the probable nature of the disease, and told, moreover, that, if my surmises were correct, symptoms of meningitis would, before long, appear. I felt justified in making this prediction since this is the usual order of involvement of organs in acute general tuberculosis, secondary tubercular meningitis closing the scene. As if in fulfilment of this prophecy, on about the fourteenth day of the sickness a stupor, which had been slowly coming on, gradually developed into a semi-comatose condition, and during the next five or six days the following symptoms appeared: eyelids dark and livid; tarsal veins engorged; pupils contracted; right eye turned inwards; constant rolling of the head, and drawing of the face towards the left shoulder (twenty times to the minute); constant chewing movements of the jaws; respiration markedly irregular and sighing; and every few minutes the patient, who was now wholly unconscious, would give utterance to a piercing scream, and at frequent intervals would open the mouth very wide. The muscles of the left side of the body, including those of the face, were, during the early part of this period, in an alternating state of clonic and tonic spasm, which later gave place to left hemiplegia. The abdomen was excavated, and its walls doughy. There were evidences of vasomotor paresis — slight pressure leaving long lasting redness. During the later part of this period the contracted pupils became unequally dilated, and irresponsive to light. The only evidence of the headache, so characteristic of meningitis, was the contraction of the eyebrows, or scowling, which was present at first; while vomiting, another characteristic symptom, though present, was never marked or cerebral in character; and the same may be said of constipation, which was never present. The temperature during this cerebral period was about 101°, and the pulse was slow, though never inter-

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mittent or irregular. Nevertheless, in spite of the absence of some of the more highly characteristic symptoms of meningitis, such as those just mentioned, and convulsions, which were never more than local in character, there were certainly enough and to spare of indications of cerebral disturbance to justify the diagnosis of tubercular meningitis, if the child had died. I had not the slightest hope of recovery, and the father was almost amused one night when I told him I thought the child would be alive in the morning. Finally, one morning, I was surprised to find the child conscious and the eyes more natural, and on examination discovered at least a dozen fully developed bullæ, corresponding to the description given in the text-books of the lesions of pemphigus.

These bullæ, which at first were about a half an inch in diameter, quickly grew larger, their contents became purulent, and new ones appeared on different parts of the body. A few of them were hemorrhagic.

During this time the evidences of consolidation of the lungs became more and more marked. As regards the subsequent course of the case, nothing need be said more than that a tedious but steadily progressing convalescence has taken place. Some of the skin lesions, of which there were several crops, were followed by ulceration, and others by abscesses and boils, especially those on the head and face, though for the most part they dried up, leaving purplish stains. They appeared first, and were always most numerous, on the side of the head corresponding to the probable site of the principal cerebral lesion, namely, the right side. The signs of consolidation of the lungs gradually gave place to normal resonance and breath sounds, until now I am unable to detect anything abnormal; the appetite returned and the patient is daily gaining in health and strength, though still weak and anæmic. (March 3.)

The paralysis also disappeared. Now if this case was not tuberculosis, what was it? I admit it may have been a case of subacute catarrhal pneumonia, with cerebral hyperæmia and capillary intracranial hemorrhage; the masked and asthenic nature of the disease being due to the cachectic state resulting from improper feeding.

In a recent autopsy made by the writer on the body of an adult who had died of pneumonia complicated by cerebral hyperæmia, besides the evidence of great engorgement of the cerebral vessels, there was an area in the right posterior lobe of the cerebrum in which the blood had evidently escaped from the highly engorged vessels, constituting a capillary hemorrhage or extravasation, and during life there was paresis of the muscles on the left side of the body.

This may have been the condition here. The extravasation in the right hemisphere would account for the signs of irritation in the left side of the face and body and the subsequent paresis, while the increased intracranial pressure, resulting from congestion and serous effusion, would account for the stupor and the other cerebral symptoms.

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The treatment, during the cerebral stage, was hellebore 2x and calcarea phos. 3x, alternated every hour. After the brain symptoms had entirely disappeared, mercurius vivus 3x was given every two hours, the indication for which being the ulcerative tendency of the skin lesions, and the impossibility of absolutely eliminating syphilis from the diagnosis. Owing to the utter impossibility of administering a sufficient quantity of nourishment, either by mouth or rectum, the liquid beef peptonoids were used in one or two teaspoonful doses every hour or two for a week, without anything else; later gruel, milk, and broth were substituted.

The principal object in presenting this paper is to call attention to the apparently beneficial action of the two remedies mentioned in this peculiar case. I wish to call attention also to the apparent connection between the appearance of the eruption of bullæ and the subsidence of the brain symptoms.

Some of the older authors recommend the use of tartar emetic ointment to the scalp in tubercular meningitis, while the more modern writers condemn it as useless and barbarous. In the light afforded by this case, I am afraid I should be tempted to try it in a desperate case, after I had given hellebore and calcarea phos. a fair chance; and I don't know as I should be wandering far from the tenets of homœopathy, for the action of tartar emetic has many points of similarity to that of tubercular meningitis, as witness the emesis, the slow pulse and respiration, all of central origin, pointing to an action at the point of origin of the pneumogastrics in the medulla. In my case it would have had the additional indication of bullæ and catarrhal pneumonia.

THE IMPORTANCE OF EARLY DIAGNOSIS IN GENERAL PARESIS.

BY JAMES FRANCIS BOTHFELD, M.D., NEWTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

I would not have the temerity to introduce the well-worn subject of general paralysis to you this afternoon had not my attention been called during the past few months to three cases of the disease, each with characteristically developed physical symptoms, which had for months gone unrecognized by their attending physicians. The unfamiliarity of many with the salient features of the earlier stages of general paresis may in no small degree account for the hopelessness of the disease, for it is notorious that these cases seldom come under systematic treatment, at least in our hospitals, until they are already far advanced and irredeemably lost.

It is a difficult thing to form an accurate estimate of the duration of mental disease in a person admitted to an insane hospital; especially is this difficult in the case of general paresis, the development

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of which is often so insidious as to go on for months unrecognized by the family attendant. About the only data at hand are obtained from the commitment papers, often inexact and indefinite, but certainly the durations there assigned are almost invariably under, rather than over, the actual facts.

These inexact statements, always erring in one direction, result, as already mentioned, from the disease frequently progressing for a long time undetected, and often also from the very meagre facts in the knowledge of the committing physicians, who have had to depend almost entirely upon the opinions and surmises of friends and relatives of the patient. Admitting the unreliability of these data, it may be safely stated that but few patients suffering from general paresis come under the care of an alienist until the disease has been in existence at least a year, already with decided cortical degeneration and beyond the possibility of even arrest. The exact figures concerning the seventy-three cases of general paresis admitted during my four years at the Westboro' Insane Hospital are not at hand; but I think a period of one year would be a very conservative estimate of the average duration of the disease before admission. If it be true that these cases commonly go so long without the most intelligent treatment, can we not do something to remedy this evil?

It is to illustrate the possibility of a diagnosis of general paresis in its prodromal period (pre-delirious period of Christian, pre-paralytic period of Régis) long before marked evidences of insanity appear, that this paper is written. The advantages of such early detection of the disease are twofold: first, the early institution of systematic treatment; and second, the financial protection of the patient and his relatives. The benefit to be derived from medical treatment, even when early adopted, is still problematical, yet as has been already said, so few cases come under such treatment until the disease has progressed to actual structural degeneration of the cerebral cortex, that it seems to me we are hardly justified in denying a possibility of alleviation should we be able to reach these cases early enough, when the condition is probably one of impaired circulation and nutrition only. Although we must admit that our early diagnosis has not given us anything positive in the way of curative results as yet, still if we have gained an early oversight and supervision of the patient, and are thereby able to protect the patient against himself, a very practical thing is accomplished.

Most of the general paralytics admitted to insane hospitals have already, because of their delusions, squandered what property they may have had, and consequently their support falls upon the community, and their families are left in straitened circumstances. The early control of these persons is, therefore, most important.

In the fall of 1895 I saw a patient who had been advised by his family physician to spend the summer in the White Mountains, in the endeavor to overcome that "nervous state" from which he was suffering. He already had the most exaggerated delusions of gran-

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deur, and, as might have been expected, he spent not only the summer, but the bulk of his savings as well, in the most foolish extravagances.

To illustrate the practical importance of the early diagnosis of general paresis, I had hoped to bring before you the following case; unfortunately the family have objected, although the patient was willing to come. I was particularly desirous of demonstrating the early physical signs; now all that remains is a verbal description.

J. W., aged thirty-nine, is a fine appearing and vigorous man. Before his present illness he was a good example of what might be called the paretic temperament; not that people of this temperament always develop paresis, but because general paralytics before the onset of their disease almost always have certain peculiar characteristics. They are sanguine, unsuspicious, boastful, generous, with more than the average feeling of well-being, and attention to dress, in fact, "good fellows" generally. All of these qualities had our patient, J. W. He had been married twelve years, yet, as is so frequent with these people, his wife had never been pregnant.

He had never been very dissipated; he had used alcoholics rarely and in moderation; he had gone to some excesses in venery, but not of late years. He admits having had chancroids before his marriage, but he is positive that no secondary symptoms followed the local lesion.

On November 29, 1895, the patient applied for treatment. He then complained of poor sleep, restlessness, and particularly of a difficulty in articulation. This peculiar tremor and sometimes indistinctness of speech, which he had noticed for about a month and which was steadily becoming more troublesome, was a source of great annoyance to the patient, and it was the impairment of articulation that finally induced him to seek medical aid.

The paretic speech is characteristic. It is not only thick and indistinct, but there is a peculiar tremor accompanied by fibrillar twitchings in the small muscles about the mouth, a peculiar slurring over certain syllables, and with it all an apparent strong effort to speak distinctly. In our patient these symptoms were all noticeable in a modified degree. His pupils were contracted, but of equal size, and they did not respond to either light or accommodation. His patellar reflex was entirely absent on the left side and much reduced on the right. His gait was not affected, although he could not stand with his eyes closed without marked swaying, and standing on one foot with closed eyes he tottered and would have fallen. He has never had a congestive attack, so called. His general sensation seemed unimpaired and his special senses unaffected. His tongue was fairly steady and was protruded without deviation to right or left. He was active, in good spirits, apparently in excellent physical health, and had attended to his business uninterruptedly, but lately in rather a spasmodic and ineffectual manner.

His wife supplied facts which confirmed the probable diagnosis made from his physical examination. She stated that for two years

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he had been growing more visionary, impracticable, and unsettled in his business affairs. He had evolved several schemes for making his fortune, had thrown himself into each with great enthusiasm, always sanguine of success, but finally collapse of the venture had come, only to be followed in a few months by some other equally futile enterprise. These have been his nearest approaches to delusions of grandeur so frequently observed in this disease, but as yet he has shown no actual delusions.

His wife also says that there had been a marked change in his disposition. During the past few months he had grown irritable, peevish, and so restless that he would leave the table several times in the course of a meal. He had shown periods of emotional weakness, he would burst into tears on the slightest provocation, and was intolerant of contradiction.

Other than these changes in his disposition, which, after all, are not so much new qualities as exaggerations of former ones, he has shown no mental disturbance. His physical symptoms are certainly more marked than usual with so little mental involvement, and this is perhaps a somewhat exceptional case, but for that very reason the point of this paper is the more clearly emphasized, — that general paresis may be diagnosed before insanity is developed.

The early diagnosis in this case, and the subsequent oversight of the patient which has naturally followed, will prove particularly serviceable to his family. Mr. J. W. is at present in straitened circumstances through his recent erratic and unsettled business ventures, yet there has been little actual loss of money and his present financial condition is simply due to the lack of any regular income. An uncle of his has recently died leaving something over $600,000, and his share of the property will soon come to him. Though there is no legal control over the patient as yet, he is willing to be guided by his relatives, and his property will be so placed that it will not be at the mercy of delusions of extravagance and grandeur to which he will probably be subject later.

Purposely nothing has been said about treatment, yet I cannot refrain from a word in reference to this case. Personally I am inclined to the belief in the syphilitic basis of general paresis, and believe but few cases, if any, exist in which syphilis can be positively excluded. The scope of this paper prevents entering into arguments upon this matter, — the individual case of our patient will alone be considered.

Mr. J. W. admits having had a venereal sore of some nature, but his remembrance of it is so vague that it is impossible to say whether it was a chancre or chancroid. He affirms that no secondary symptoms followed. Such denial of throat and skin symptoms is not infrequently met in those suffering from pronounced tertiary lesions. Probably there are few physicians who have not met with cases of tertiary syphilis where the secondary symptoms have been entirely overlooked.

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Active anti-syphilitic treatment, instituted in the case under discussion on January 2, 1896, after the diagnosis of general paresis had been confirmed by Dr. N. Emmons Paine, certainly produced marked results. After only three months' treatment his speech is considerably improved and he has gained twenty pounds, though the other physical signs of the disease remain unchanged. The most marked improvement is in his mental condition. He has now nearly returned to his normal disposition; in fact, his wife thought that he was surely getting well. Although such a result as recovery is wholly without precedent and is probably impossible, yet there seems to be established one of those periods of remission not unknown in this disease, and perhaps the treatment may prove as serviceable as thyroid feeding in myxœdema.

We may sum up the symptoms to be found in the first stages of general paresis as follows: — (Régis.)

1. Tremor, especially fibrillary ataxiform of the lips when starting to speak.

(Lasègue.)

2. Embarrassment of speech.
3. Oculo-pupillary disorders (myosis).
4. Disorders of sensibility, including altered reflexes.
5. Intellectual and moral disturbances.

A CASE OF MYXŒDEMA.

BY EDITH C. VARNEY, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Definition. — "Myxœdema is a disturbance of the nutritive processes, characterized by a production of mucin, which is deposited in all the tissues of the body, but especially in the subdermal connective tissues." (Pepper.)

Though occurring more often in women than in men — a ratio of 6 to 1 — it seems to have no special relation to the catamenia or to pregnancy.

Etiology. — It develops simultaneously with the atrophy of the thyroid gland, and experimental removal of the gland in animals produces symptoms nearly identical with those of myxœdema. It is evident then that the thyroid supplies an essential secretion, one that is of the first importance to normal metabolism. According to Schiff it secretes a substance which influences the nutrition of the nervous system, and the absence of this produces the trophic changes found, or as Régis says, the substance secreted "assists in the elimination or neutralization of certain toxic products of denutrition."

Symptoms. — These are referable to the skin, mental functions, and thyroid gland. Of the mental symptoms, Clouston says, "They

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may arise from changes in the peripheral or central nervous tissue, so that altered impressions, conductions, or ideations lead to the various forms of mental loss." Insanity occurs as a complication in about half the cases, taking the form of acute or chronic mania, melancholia, or dementia.

Diagnosis. — Notwithstanding the fact that reports of cases have been multiplying in the medical journals and before societies for the last three or four years, the diagnosis is not always so simple as has been assumed. Bright's disease, anæmia, and obesity are conditions for which it might be mistaken.

Treatment. — It seems logical to supply the system with that "something" of which it was deprived by the atrophy of the thyroid gland, and this is accomplished by feeding, or injecting under the skin the fresh thyroid, or an extract made from the glands of sheep. For this line of reasoning and much experimental research we are indebted to Bircher, Kocher, Horsley, and Murray. A further confirmation of their results will be found in the following case, which I have been studying for the last few months. It was, like so many others, complicated with melancholia.

Mrs. T. is a widow, fifty-six years of age. Her mother died of epilepsy and her grandfather and one brother of paralysis. Her previous health was good. Four years ago she gradually became self-conscious and disturbed by the change in her personal appearance. Weight increased from 115 to 160 pounds. There was œdema of the lower extremities, and her movements were uncertain and clumsy. The diagnosis of myxœdema was made at that time by a specialist in nervous diseases in Boston, who began giving thyroid. Her condition improved; her hair grew and replaced that which had fallen out; her weight fell somewhat, but the mental symptoms of depression and nervousness continued. She was obliged to break up her home, and some time afterward the most distressing blow came upon her in the death of her only child, a son.

The administration of the thyroid had been undertaken by the family and had been followed with more or less irregularity. At times they gave none, and the need was shown by the reappearance of the troublesome symptoms; then large doses were given and nervous symptoms produced. Finally, in November, 1895, she came to Dr. Paine's sanitarium.

On physical examination the heart, lungs, and abdominal organs were found normal. Urinary analysis was negative. The skin was dry and harsh (rarely perspiring) and shedding large quantities of epithelium. The eyebrows were thin and elevated; the eyelashes almost lacking. The scalp was dry and the hair scanty. The feet and ankles were slightly œdematous and did not pit on pressure. The psychic disturbance was marked. She worried over her past conduct, which she claimed was evil; was unable to concentrate her mind on reading or sewing. Her memory for recent events was poor, but she was constantly running back over the

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thousand details of her past life. She considered herself the object of every one's condemnation. Her most prominent delusion was that she could never die, and she suffered an intense dread and fear as to what would become of her. The desire to take her life was very strong, but when she expressed that inclination she said she lacked the courage. Her manner was restless and emotional. She bit her nails, and picked the skin from her face and hands.

Homœopathic remedies having failed to relieve this patient, the thyroid extract was given. The dosage has varied, but, because of unpleasant symptoms arising from larger doses, two and a half grains have been given every evening, or a five-grain tablet on alternate evenings.

Improvement has followed in the physical condition. There is increased activity of the skin, mucous membrane, and kidneys. The digestion is good. The weight has dropped to 130 pounds, a loss of perhaps fifteen pounds, and, most apparent of all changes, new hair has been replacing that which has been lost. The mental symptoms have not shown a very decided change, though she is much more quiet, and now derives pleasure from reading, going out of doors, and seeing her friends. This improvement is due solely to the regularity of the administration of the remedy. Whether persistent use will produce further improvement remains to be seen. But there is no question that her well-being and even her life depend upon supplying to her system the "something" which her atrophied thyroid cannot furnish.

The prognosis in myxœdema has been unfavorable until the last few years. Clouston reports three cases with mental symptoms, which lasted from five to thirteen years, in all of which there was a mild form of dementia, and he is led thereby to predict a similar termination in all such cases. But a recent writer goes so far as to say that "the thyroid extract as now generally used is nearly a specific for the temporary cure of myxœdema," and this view is supported by Dr. Murray, the originator of thyroid feeding for myxœdema, who reports in the *British Medical Journal* of February 8 the subsequent history of the first case. It is a woman forty-six years old, who has taken the remedy regularly since 1891, and who continues to be perfectly well.

The fact of the matter is the majority of cases show a tendency to relapse after a certain time, on suspending treatment. This may be expected in about one hundred days after the patient has given up the daily dose, but the symptoms yield so rapidly to a renewal of the treatment that the cure can almost be regarded as complete. This treatment, which was an experiment five years ago, may be said to have become the recognized and universal treatment for myxœdema to-day, and another evidence of the great advance in medicine that has taken place in the last few years of the end of our century.

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THE NECESSITY FOR THE EARLY EXAMINATION OF THE EYES OF SCHOOL CHILDREN.

BY A. E. PERKINS, M.D., SOUTH ASHBURNHAM, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The eyes of animals, savages, and infants are, as a rule, hypermetropic. A hypermetropic eye may be considered an undeveloped eye. With the development of the child the eye develops and becomes more nearly emmetropic, or it may happen that the growth of the eye does not cease when the normal condition is reached, but continues, resulting in myopia. The tendency to the development of myopia is often hereditary. Add to this tendency the debilitating effect of confinement in the schoolroom, the continual use of the eyes for near work, the defective lighting of schoolrooms, and the studying of books or papers badly printed or having maps of intricate design, and the myopic condition is very prone to result. Landolt aptly says: "The disposition to myopia is, therefore, found in the development of the human race, and the determining cause in what is more particularly called civilization." The near point for an emmetrope of ten years is seven centimeters. All children see very well close to the eye. If the light be poor, the child will bring his work close to the eye. The same thing will happen if the relative height of desk and seat be faulty, or if there be too great an interval of separation. Then too the pupil is very apt to take a bad position for writing or drawing, a position in which the elbows are used for rests, the face brought close to the paper, and an extra curve put into the vertebral column.

We all know that near vision is brought about by means of the contraction of the ciliary muscle. Binocular vision is obtained through the action of the extrinsic muscles of the eye. Maintaining the muscle of accommodation and the muscles of convergence in a state of tension produces more or less pressure in and upon the eyeball itself. During the developing period of life the sclerotic tissue is most elastic and most yielding. Consequently this pressure tends to produce a bulging backward of the sclera, thus lengthening the antero-posterior axis of the globe, and this elongation is the chief characteristic of the myopic eye. Once myopia is acquired, the effort to obtain binocular vision at a near point is greater because the eye is no longer spherical in shape, but now is ovoidal. The condition then reacts upon itself both because of the necessity for bringing work closer to the eyes and on account of the difficulty of converging sufficiently for binocular vision. In fact the myopia may be of so high a degree as to render binocular vision for near work absolutely impossible.

Whatever may cause congestion of the eyes also favors the production of nearsightedness. Overheated rooms, bad ventilation, tight clothing, improper positions of the body in writing, constipation, excessive brain work, may be classed as active factors in

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causing an overfulness of the ocular blood vessels, and thus aids in the development of myopia. A myopic eye is essentially a diseased eye, and many times the condition will go on from bad to worse. As stated in the beginning, the development of the eye goes hand in hand with the growth of the body; and it is the child who is most affected by the surroundings and conditions of school life. *It is the children* who develop myopia. Right here an ounce of prevention is certainly worth a pound of cure.

On the other hand, the eye may remain undeveloped, or, as it is called, hypermetropic. Small degrees of hypermetropia may not be troublesome, but if of high degree the child will see badly both near and at a distance. This may render the use of the eyes so painful and difficult as to make study irksome and interest in school work will be lost.

Just now a word might be said in regard to strabismus. In normal eyes there is, for binocular vision, a relative amount of accommodation and convergence used for near work. In ametropia this normal relation is lost. The hypermetrope will use an excess of accommodation, the myope too large a degree of convergence. In the first class the desire to converge equally with the amount of accommodation used may overcome the necessity not to do so, and a convergent squint result. In the second class the overtaxed internal recti muscles may give out and allow the external recti to turn the eyes outward. A beginning concomitant strabismus is usually a periodic strabismus, and at this period is the golden opportunity to cure the squint by correcting the error of refraction.

In both the hypermetrope and the myope certain symptoms due to eye strain may arise. Some children will have simply a chronic hyperæmia of the ocular conjunctiva or perhaps a succession of styles or a marginal blepharitis. Complaint may be made that the eyes itch or feel hot. The child may seem inattentive and dislike study. Gould (in the *American Journal of the Medical Sciences* of January, 1890) says: "The most frequent method in which eye strain acts disastrously upon the developing personality is in making study and literary labor so irksome that the mind is slowly but irrevocably turned from intellectual pursuits and directed to physical activities for outlets of its energy."

Asthenopia affects the female sex and the young much more frequently, and the reflex symptoms are more numerous, than in the adult male. Everybody knows that headache is a frequent symptom of eye strain. This headache is apt to be aggravated by using the eyes, and is frequently accompanied by dyspepsia, palpitation, nausea, and vomiting. The ocular function is brought into play in every kind of work and all the time. This constant use of the organ of vision may to some extent give a reason for the protean character of the reflex symptoms due to eye strain. Among these symptoms will be found irritability of temper, impatience, and loss of self-control. Carefully corrected errors of refraction and the restoration of mus-

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cular harmony are said to have cured chorea, epilepsy, menstrual derangements in the young, dizziness, vertigo, and a further long list of nervous troubles.

Sight and hearing are the channels by which most of knowledge is acquired. A clear, sharp image focused accurately on the retina will produce a more marked and lasting impression than will a blurred, imperfect one. The clearly heard idea will be more quickly grasped than that imperfectly heard. Therefore, with either of these senses impaired, a great obstacle to the attainment of knowledge is put in the individual's way. Habits of nice observation will be hard to acquire, and much of the beautiful in life and much of enjoyment be lost.

Nothing has been said regarding the retinal or choroidal changes that arise in consequence of, or coincident with, refractive errors; and the subject has been but barely touched upon in any of its parts. But enough has surely been said to show that school life brings the severest test to which the eye is put till adult age, and to demonstrate the necessity, particularly during the developmental period of life, for careful examination and constant oversight of this the most useful of all senses.

DISCUSSION.

BY G. A. SUFFA, M.D., BOSTON.

In opening this discussion I feel the great responsibility placed upon me, because of the inadequacy of my words, and the limited time I feel at liberty to take to emphasize this matter to the degree its importance requires.

There is no part of the science of ophthalmology, or possibly of general medicine, where extreme vigilance is capable of producing so much benefit to mankind, because not confined merely to the eyes. The precautions necessary for their proper use are of such a nature as to involve general hygienic principles, such as proper light of schoolrooms, which means not only a sufficient amount, but as well its entrance in the right direction as far as possible, which is from the left and back for right-handed persons. Another point which has received very little attention, but which is of no less importance, is that no glazed paper should be allowed in the schoolroom; any paper capable of forming a reflecting surface should be excluded, and especially is this so if the light enters so as to be reflected parallel to the line of vision. I think we all have experienced this annoying reflection from glazed paper.

Proper ventilation is another all-important factor, for thereby only can the blood be thoroughly oxygenated, thus giving the system that which is so essential for perfect development.

Another point upon which too much cannot be said, and which up to the present time has not received proper attention in schools, is a perfect seat and desk. Seats should be made readily adjustable

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to the individual, and not as at present adjusting the individual to the seat. A seat to be perfect should be adjustable to a height to allow an easy position of the legs, that is, the legs and thighs should form an obtuse angle with the feet nearer at right angles to the legs; the back of seat should tilt slightly backwards, so as to allow freedom of motion as well as erect position of the body.

The desk should be adjustable in height, so as to prevent bending forward; the top should also be capable of being raised nearly vertical when any text is to be studied, and lowered nearly to the horizontal when in use for writing, drawing, etc.

The age at which and the length of time children should be allowed to use their eyes for close work under proper surroundings is a question that could be more accurately settled if there were a system of examination of children's eyes on entering school, and again at intervals, as each case would indicate. I mean by this not merely an outward inspection of the eyes, but a thorough ophthalmoscopic examination to ascertain the state of refraction, and if the structures are normal or diseased, and thereby observe if evolution is proceeding normally. Also a careful test of the muscular system of the eyes, which is easily taken by the exclusion test, originally brought out by me three years ago, and again at the American Institute of Homœopathy at Newport, R. I.

I can perhaps in no way better express the importance of this systematic test of children (extended through life) than by stating as my belief that if this system were in thorough practice among a large number of persons, the amount of money expended in its maintenance would be less than the same individuals would have expended at the end of life under the present methods, to say nothing of the benefit which would have been derived by preventing many local abnormal or diseased conditions and reflex neuroses, which, when once present and allowed to remain, form a habit very difficult to cure, in many cases only capable of amelioration.

BILL NYE ON APPENDICITIS. — In one of the late Bill Nye's recent effusions he makes the following reference to appendicitis. In speaking of this disease he says: "A case of appendicitis required an operation some weeks ago and the surgeon had never tried it before. When he had removed the inflamed appendix, on account of some typographical errors that he found in it, he began to put back the other organs, but after three or four days and an apparent healing of the wound 'by first intention,' he found an odd-looking organ behind the lounge that had evidently been left out. The other doctors have worried him a good deal about it, and at the funeral of the patient tried to get the clergyman to make an allusion to it in the sermon. A doctor cannot be too careful in that way. I once knew a young surgeon to operate for appendicitis on a large roomy man, and, had it not been for a timely autopsy, he would not have known to this day that a good twenty-cent cigar dropped out of the physician's pocket during the operation and was sewed up in the patient's annex. Had it not been for the post-mortem the cigar would have been a dead loss." — *Columbus Medical Journal.*

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EDITORIAL.

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NOT YET UNDERSTOOD!

At the end of its first century of existence it would seem as if the essential principles of homœopathy should be thoroughly understood. These principles are neither many nor complex. They are indeed quite the reverse, being few and simple. And yet, few and simple though they be, evidence is not wanting that they are not fully comprehended, even by some of those who professedly have faith in and practise according to these principles.

The fundamental idea of homœopathy, as all admit who know anything about it, is that diseases are cured most speedily, surely, and permanently by the use of drugs capable of producing in healthy persons symptoms closely similar to those presented by the disease; symptoms here standing for all obtainable indications of disease- or drug-action. Therefore the one thing essential to homœopathic prescribing is a thorough knowledge of drug pathogenesy. And it cannot consistently be claimed that any substance is homœopathic to any disease state until the pathogenetic properties of that substance have been sufficiently well determined.

It seems not ill-timed to recall these fundamental principles of homœopathy when claims are so frequently made that treatment by Koch's tuberculin, that the use of Pasteur's rabies cure, that prophylactic inoculations, "vaccination," and the use of diphtheria anti-toxin are examples of "homœopathy." A notable instance of this sort has lately come into evidence. At a recent meeting of a very prominent homœopathic society a concise and exceedingly practical paper on "Blood-serumtherapy" was read. In the discussion which followed ten members took part; of these four claimed that treatment of diphtheria by anti-toxin was homœopathic treatment; four others expressed no opinion on the point; the remaining three claimed it was not homœopathic. That there should be any misconception on this subject establishes two points: (1) that the fundamental principles of homœopathy are often overlooked; and (2) that the nature of diphtheria anti-toxin is not sufficiently understood. Certain remarks made by one of the speakers easily establish this last point. He regarded "the serums as similar to the nosodes of homœopathic practice," and referred to them as "living organized

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material," and thought the "introducing undevitalized substances from animals directly into the tissues of the human system . . . a very bad process." As a matter of fact it is generally to be observed that those who claim the use of the serums ("diphtheria anti-toxin," for example) to be instances of "pure homœopathy," possess somewhat hazy views as to the nature of these substances, and seem to be unable to differentiate the toxins and anti-toxins.

To briefly summarize the matter it may be claimed in the light of modern thought that

I. Bacilli produce toxins according to their kind.

II. The toxins produce their specific diseases, being distinctly pathogenetic.

III. The anti-toxins are produced by nature's reaction during the disease, and are found in the blood (serum) of the victim.

Without bacilli there are no toxins. These toxins are poisonous; they represent the metabolic products resulting from the growth and life-work of the specific micro-organisms. They may be obtained from suitable culture media in the laboratory, and are found as well in the living animal body which serves for the time being as the habitat of the developing microbes. The toxins possess the same specific virulence formerly attributed to the bacilli, but unlike the latter have no power of propagation or multiplication. The anti-toxins, on the other hand, are produced only in the animal body, and are the results of the reactive and defensive exertions of the infected body. They are considered as non-pathogenic, when pure, and while they correspond to "specific antagonists" to their toxins, their action is probably in essence only a prophylactic one.

As to the relation of the "anti-toxin" treatment of diphtheria to homœopathy: If the anti-diphtheritic serum is pathogenic, if it has ever been proven, and if its pathogenesis corresponds to the symptomatic picture of diphtheria, there is of course reasonable ground for the claim that such treatment is homœopathic. In view of the facts, however, that the anti-toxin is probably non-pathogenic, that it has never been proven, and that the dose usually employed is far from the minute dose ordinarily employed in homœopathic treatment, — though this is not at all an essential point, — there would seem to be no reasonable ground for claiming such treatment to be in any way homœopathic.

The necessity for "proving" a substance must not be forgotten as a prerequisite for establishing its homœopathic relationship to any

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disease. The specific toxin produces diphtheria; the diphtheria anti-toxin does not. Just what pathogenic effects the latter is capable of producing can be easily determined by suitably conducted experiments on healthy human beings.

It is often claimed that "vaccination" is an example of "pure homœopathy." The inoculation of a healthy person with vaccine virus can hardly be considered a homœopathic procedure, since homœopathy consists of administering to a sick person a drug capable of producing in healthy people symptoms similar to those presented by the patient. "Vaccination," or inoculations of the attenuated virus of any disease, when practised on healthy people, are simply examples of prophylactic treatment. The same may be said of the administration of belladonna to healthy children during an epidemic of scarlet fever. The idea is to produce immunity against certain diseases. On the other hand, the use of belladonna in a case of scarlatina, the "vaccination" of a case of smallpox, are instances of homœopathic practice, because belladonna is capable of producing in healthy people a dermatitis, a fever, and a sore throat, etc., similar to the marked features of scarlatina, and because "vaccination" is able in the healthy to produce a condition very like smallpox.

The principles and art of homœopathy are so direct and simple in their nature that there would seem to be no demonstrable reason for misunderstanding them. The fact that they are so often — as in the instance quoted above — hurtfully misunderstood is another illustration of a cause in peril in the house of its friends.

EDITORIAL NOTES AND COMMENTS.

——:o:——

THE EVOLUTION OF THE MEDICAL STUDENT, and collaterally, as is inevitable, the evolution of the medical college, is very interestingly and suggestively sketched by Dr. A. L. Benedict in the current issue of *Lippincott's Magazine*. Dr. Benedict traces the imposing, convenient, well-constructed medical college of to-day to its beginnings in the buildings where "the professor of hygiene, treating of proper ventilation, lighting, and construction, could illustrate his every point by the sins of omission in his own lecture room!" and follows the evolution of the medical student from the being whose very name was the synonym for everything "rough, tough, blasphemous, and boisterous," to the student of to-day, hard-worked, ambitious, eager, clean — somewhat above his fellows in other walks — in person, speech, and morals. The article is notable for its clearness,

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accuracy, restraint, and justice; the medical college and medical student as they are being cogently presented to a public not too familiar with them at their best. Certain paragraphs are especially worthy consideration; for example, these: —

"The medical student, as compared with the college student, is much more industrious. The former is studying something upon which his success in life directly depends. The latter has not this incentive to work, and may even have become imbued with the notion that too diligent application will spoil his chances in practical life. The faithful college student of average ability reaches a point nearly every day when he may conscientiously feel that he has learned his lessons, and that the remainder of the day and evening is his for recreation. The medical student's work, like that of the housewife, is never done. Aside from the practical medical specialties, there are scientific subdivisions of medical work, each of which may tax the energies of a lifetime. The ambitious student would like to know as much about anatomy or chemistry or physiology as does the professor in each of these departments; but he would like at the same time to be in active practice, like the professor of medicine or of surgery. Then, too, he soon realizes that these professors often find themselves puzzled over cases for which they need the peculiar skill and wisdom of the specialist. The student may aspire to be a celebrated specialist, but he would still like to be able to recognize a case of measles or heart disease, about which the oculist and the alienist have forgotten. Therefore the medical student works from ten to thirteen hours a day for six days in the week, and toward examination studies on Sunday, or uses that day for sleep, that he may work the harder on Saturday and Monday."

. . . . . .

"The freshman is rather apt to have a number of vacant hours during the week; but, on the other hand, his dissection usually comes in the evening from eight to ten, and occupies from a quarter to a third of the course. Ten years ago it was no uncommon thing for dissections to be made in a badly ventilated and utterly unheated room, where frozen water pipes left no provision for cleanliness. Now almost all colleges have reasonably good dissecting rooms, with hot and cold water, excellent lighting either by day or night, and proper ventilation. Except to a person of obstinately refined taste, dissection may become one of the most fascinating parts of college work. The human body is marvelously intricate, and, with a very few glaring exceptions, the utter impossibility of improvement on the natural construction is so obvious that the thoughtful student develops a growing admiration and reverence as his work progresses. The qualification which I have made may seem irreverent, but it is not intended to be so, and merely recognizes that there are points where the exquisite protections against disease and injury which prevail elsewhere are absent. (I refer in particular to the vermiform appendix, the weak spots in the abdominal wall, where hernia

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is apt to occur, and the opening of the Fallopian tubes into the peritoneal cavity.)

"The nameless horror which a corpse inspires is lessened when we have no knowledge of ties that bind the dead to the living. The mummified and grotesquely mutilated fragments of unidentified humanity found in the dissecting room have little personality. The individual who shrinks from the presence of a corpse often experiences merely a pleasurable thrill at seeing a skeleton or a mummy. The idea of horror recedes from the skeleton to the dried or preserved anatomical preparation, then to the half-dissected subject, and then to the fresh 'stiff,' until finally the human body is thought of simply as material for interesting and valuable study. In the old days the careless student sometimes finished dissecting a quarter of the body — the usual allotment — in a few hours. In such cases he stripped rather than dissected, and knew about as little at the close of his work as at the beginning. Nowadays the careful student is more careful, and the indifferent one must assume a virtue that he has not. Not only those actually dissecting, but others of the same or advanced classes, and even graduated physicians, often drop in, to study or to visit, and the bright lights and congenial crowd lend almost a social aspect to the room."

THE DOCTOR AS A BOGEY is delightfully exemplified in a quaint little folk tale lately published in the *Ladies' Home Journal.* The speakers are small darkies, lost, and wandering in the "sma' hours" in a Washington street. A gentle *attaché* of the French Embassy has just offered to call a policeman to conduct them home.

"No — mister — please! — stop! — doan!" she cried. "Doan call no p'liceman! May Lily Belle, she 'll jes go cl'ar distracted if she sees a p'liceman. We wuz dat scarified wuz de reason we cum in heah — to get shet of dem an' de night doctors."

"Night docteurs?" queried the marquis hopelessly.

"Yes, sir! Dey 's jes de wustest of all! Dey kills black folks to fin' out what 's inside white folks. Dey 's allus huntin' fo' li'l niggers, an' dey cotches you an' ca'ys you off in a baig, an' cuts you open an' keeps you livin' when you 're daid!" went on Miranda, her voice rising with the unctuous horror of her recital; "an' dey biles babies!"

The suggestion of the boiled babies was too much for the delicate susceptibilities of May Lily Belle. She broke into a wail of anguish, clasping Claude Augustus' red-socked foot to her bosom and rocking herself to and fro, while Erastus and William Henry, as if moved by a simultaneous impulse, flung themselves bodily against the marquis' knees, roaring together: —

"Wan' g' 'ome! Wan' g' 'ome!"

A delightful picture, this; and not so much farther from fact, after all, than are the pictures of the "horrors" of the dissecting room and clinical amphitheatre occasionally set forth — with illustrations — in our "leading journals"!

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STATE EXAMINING BOARD AND MEDICAL COLLEGES are likely to get at loggerheads if other State boards follow the example set by those of Missouri and Illinois. It seems that these State boards are not contented with the powers vested in them to examine and license physicians who wish to practise in their respective States, but are anxious to assume a dictatorship over the medical schools not only of their own States, but of the entire country. As is well known, within the past few years various devices for supervising medical practice have been adopted in the several States; these devices ranging from mere boards of registration to the complicated triplicate examining and licensing boards. Up to date these boards have exercised a very salutary influence on medical education and practice. Their influence has assisted the medical schools in elevating the standards of medical education, but it is a step too far for the Board of Health or Examining Board of one State to prescribe the curriculum to be followed by the medical schools all over the country. Doubtless it would be to the credit of medicine to have all the schools in the country adopt the highest reasonable uniform standards as to length of the course, number and order of studies, thoroughness of instruction, etc. This ideal state of things is being approached more and more nearly yearly, but the development can take place only along natural lines and through the action of proper forces.

As things are at present arranged a physician who has been duly qualified to practise in one State cannot move into another State and practise there without undergoing examination by the authorities of that State. To the medical schools it certainly seems as if the various examining and licensing boards of the different States had quite enough to do, for the present at least, to unify their own methods and standards so that the certificate of one board will meet the requirements of another, even as a medical school on the principle of reciprocity admits students from other schools on the basis of work done by them in their former school.

The spirit justifiably aroused in reputable medical schools by such arbitrary action as that above referred to is well illustrated by the following open letter recently addressed to the Missouri State Board of Health by the faculty of Hahnemann Medical College of Philadelphia, a copy of which has been courteously furnished to the GAZETTE: —

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF PHILADELPHIA.

PHILADELPHIA, Pa., July 4, 1896.

TO THE STATE BOARD OF HEALTH OF MISSOURI.

Gentlemen: — The faculty of this college has recently received a printed circular, without a date or signature, which bears internal evidence of having been issued by your board, and as the envelope in which it was mailed bears the representation of your seal and the name and address of your secretary, we assume it to have been sent by your authority.

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The circular announces itself to be a statement of the "Minimum Requirements of the State Board of Health of Missouri." It appears to be rather a statement of demands made by that board upon the medical colleges, compliance with which will save them from the punishment of being placarded as "not in good standing."

Some of the "requirements" set forth in the circular are as follows: —

1. Conditions under which you will permit a medical college to admit students to its classes.

2. A list of the persons and institutions whom you have authorized to inquire into, and decide upon, the qualifications of applicants for admission.

3. The branches of medical science you are going to have taught in a medical college.

4. The number and duration of the college terms or sessions, the duration of time you have ordered for certain branches to be taught, and the (graded) arrangement or consecutive order of studies you require the college to follow.

5. Your orders and rules of dicipline, conduct, and management of the college: (a) As to the regularity of the student's attendance; the amount or aggregate of absences which you will allow the faculty to excuse, and the causes of absence for which you will permit the faculty to make allowance. (b) As to the methods of imparting instruction which you command the teachers to adopt and pursue; the number of quizzes they must give in a specified time. (The number of lessons required in the same time is omitted, being probably considered immaterial.) (c) As to the persons you will permit to conduct the final examinations, thereby prohibiting from this duty those who are by law charged with its performance.

6. Your requirements as to the sufficiency and efficiency of the corps of college teachers, and the facilities possessed by the college for imparting instruction.

7. The value you will permit the medical college faculty to attach to a course of studies pursued in a college of pharmacy or dentistry.

In these "requirements" and permissions you have practically asserted your purpose to control almost every function of the faculty of this college. You dictate to it who and what its students shall be, what shall be their qualifications and how they shall gain admission to its classes. You, in effect, forbid the faculty to examine an applicant to ascertain his fitness for admission, and you constitute and appoint agents outside the college authorities to execute your orders and to examine applicants for admission, and you make these appointments without reference to the wishes, opinions, or rights of the trustees or faculty. You command the faculty, under penalty of your displeasure, to make careful records of the acts of these your agents, so far as these acts refer to persons admitted to the college, and to submit a copy of these records, under oath and the seal of the

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corporation, to your board annually; and the idea of assigning a reason for this unheard-of requirement seems not to have occurred to you. You dictate the course of studies, the branches to be taught, the (graded) order of their presentation and the time to be devoted to each of them, — though as yet you have issued your orders respecting only a portion of them. You issue a mandate respecting the "mode" in which the teachers shall carry on their work of instruction, and thus assert the prerogative of controlling and directing the entire educational work of the college. You assume charge of the college discipline, and lay down rules for its order and government. Finally, you propose, "whenever practicable," to dictate the time when, and the persons by whom, the final examinations shall be conducted, and declare your purpose, "whenever practicable," to prohibit the faculty from examining their own candidates for graduation.

We observe that there is left one province of the college authority which you have not as yet invaded. The institution is still permitted to select and appoint its own trustees and professors. For this we are properly grateful. But your "requirement" No. 6 gives an intimation that even this prerogative is under consideration by your board, so far, at least, as it relates to the appointment of teachers. At what time in the near future you propose to take charge of this business also, you have not been pleased to inform us.

THEREFORE, We, the faculty of the Hahnemann Medical College of Philadelphia, hereby notify you, the State Board of Health of Missouri, and all whom it may concern,

1. That the faculty of Hahnemann Medical College of Philadelphia will retain the sole and exclusive control, direction, and execution of all measures pertaining to its general and educational management, including the enactment and administration of rules governing the qualifications of students for admission, promotion, and graduation, the work of examining students for all these purposes, the determination of the status of those holding certificates of examination in literary schools, and in Dental, Pharmaceutical, Veterinary and Medical Colleges, the branches to be taught, the arrangement and order of the studies and the time allotted to each of them, the modes of instruction, and the rules and enforcement of discipline.

2. That this faculty will not permit any interference whatever with their exercise of any one of these functions, nor submit to any dictation or control by any State Medical Examining and Licensing body, nor by any other persons or authorities whatsoever; and will not recognize nor respect any "requirements" or rules sought to be imposed upon us, except such as we may receive from the Board of College Trustees, or the courts of this Commonwealth.

3. That, in thus refusing to yield any of our prerogatives as a faculty, we are actuated by two reasons. First: We could not, if we would; because the Charter and Statutes of the College, as well

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as public sentiment, hold us responsible for the conduct and management of its educational work, and we are not vested with power or authority to surrender or transfer this responsibility. Second: We would not, if we could; because we are firmly of the conviction that the professors and teachers in a medical college are, by far, the most capable judges of any and all matters and questions pertaining to the progress and proficiency of the medical student and of his relation to the vital public interests which medical education is intended to subserve — a conviction which the outcome of the recent medical legislation in this country is constantly confirming.

In "requirement" No. 8 you make a demand upon this faculty that we furnish you annually with "a complete list of all the matriculates" of this college, "with the basis upon which each applicant matriculated, etc., the list to be sworn to by the executive officer of the college and attested by the secretary under the seal of the college."

This demand will not be complied with. The basis upon which a student is allowed to matriculate, in this college, is in the opinion of this faculty an affair with which your board has not the remotest legal or legitimate concern, except, possibly, as it relates to those of our graduates who may apply for license to practise in your State. In such cases we will furnish you the information upon request, should you fail to obtain it from the applicants themselves.

This faculty fully concedes the proposition that a Medical Licensing authority should be acquainted with the terms of admission, promotion, and graduation, the course of study, the time and attention given to each branch, the facilities for illustration, demonstration, and manual training, — in a word, the completeness and efficiency of the educational work in any college whose graduates it proposes to license *without an examination.* But for such a board to ask such information respecting any applicant whom it proposes to examine before licensing, is to confess its own examination an inadequate test of qualification, and is tantamount to an admission that such State board examinations are a farce and, therefore, a public and professional fraud.

It is proper, however, to say that this faculty will, in all possible ways, aid and facilitate inquiries relating to the admission and promotion, as well as the final examination and graduation of the students of this college, the course and arrangement of studies, and the means and facilities at its command for imparting a complete and thorough course of instruction. This aid will be gladly furnished to any and all persons and authorities having legitimate use for such information.

Respectfully,

PEMBERTON DUDLEY, M.D., *Dean.*
CHAS. MOHR, M.D., *Registrar.*

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SOCIETIES.

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ESSEX COUNTY HOMŒOPATHIC SOCIETY.

The twenty-fifth anniversary of the formation of the Essex County Homœopathic Society and the centennial of homœopathy was fittingly observed, July 29, by a field day of the society, at Baker's Island.

A large number were present. Dr. N. R. Morse, by whose special invitation the society came to the island, gave a cordial reception to the visitors, and had prepared for them a genuine Rhode Island clambake.

At 2.30 the meeting was called to order by Vice-President Dolloff. President Grow was unable to be present, owing to sickness. Dr. Dolloff, after a brief introductory speech, introduced Dr. Charles R. Brown, of Lynn, as presiding officer of the meeting.

Dr. J. W. Hayward, of Boston, was the first speaker, and he gave a very interesting paper on the relation of homœopathy to surgery.

An original poem was next read by Dr. A. M. Cushing.

Dr. J. Heber Smith, of Boston, spoke of the great changes in the practice of medicine since Hahnemann's time, and told of the great men who had engaged in the profession, many of whom received their knowledge from either Hahnemann or his best pupils. The speaker himself had been instructed by one who was a pupil of the great Hahnemann, and he had been only thirty-one years in medicine. He expressed his firm belief in the law of similars, and urged all to hold fast in their faith in the new school.

Rev. Mr. Foster, of Lynn, a Universalist clergyman, referred to the connection between the medical men and the clergymen, saying there is no occasion for conflict between science and theology, and certainly there is none between science and religion.

Dr. J. H. Sherman, of Boston, ex-president, spoke of the work of the Massachusetts Gynæcological Society, which was organized nineteen years ago.

Ex-President Dr. A. J. French, of Lawrence, gave interesting reminiscences of the society, speaking of field days at Centennial Grove, Nahant, Lawrence, and Gloucester, and paying a tribute to Dr. Gale and Dr. Cummings, of Newburyport, and humorously alluding to such old fellows as Dr. Brown, Dr. Morse, and himself. He urged the younger members to uphold the position and maintain the reputation of the society.

Dr. N. R. Morse also spoke in a reminiscent vein, alluding to other field days, and paying deserved tributes to departed members. He looked hopefully into the future, and bid the Essex County Homœopathic Society God speed.

Vice-President Dolloff closed the speechmaking, saying that he spoke for all when he declared that the entertainment provided by

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Dr. Morse had been greatly appreciated and that the day would be long remembered by the society.

A unanimous vote of thanks was passed to Dr. Morse for his entertainment, and the meeting closed

The committee of arrangements were: Dr. Charles W. Morse of Salem, Dr. Charles R. Brown and Dr. T. P. Grow of Lynn.

Among those present were: Vice-President Dr. Dolloff, of Lynn; Mayor Turner and wife, Dr. J. H. Hayward, Dr. J. Heber Smith, Dr. J. H. Sherman, Dr. F. W. Payne, and Dr. G. R. Southwick, of Boston; Dr. A. J. French, Dr. W. H. Lougee, Dr. Holt, Dr. G. W. Scott, and Dr. F. W. Robinson, of Lawrence; Dr. N. R. Perkins, of Dorchester; Dr. S. M. Cate, of Danvers; Dr. Green, Dr. W. T. Hopkins, and Dr. C. R. Brown, of Lynn; Dr. A. B. Ferguson, Dr. Frank A. Gardner, Dr. N. R. Morse, and Dr. Charles W. Morse, of Salem.

GLEANINGS AND TRANSLATIONS.

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WHAT THE NATIONS EAT. — A statistician compiled the following figures, showing the cost of nourishment for the various nations: The average Englishman consumes $250 worth of food per year; Germans and Austrians, $216 worth; Frenchmen, $212; Italians, $110, and the Russians only $96 worth of eatables per year. In the consumption of meat the English-speaking nations are also in the lead, with 128 pounds of meat a year per capita of the population; the Frenchman using 95 pounds; Austrians, 79; Germans, 72; Italians, 52; Russians, 50. The consumption of bread is reversed, being compared to that of meat. The English use 410 pounds a year; the Frenchmen, 595; the Austrians, 605; Germans, 620; Spanish, 640; Italians, 660; the Russians, 725. — *The Sanitarian.*

THE INFLUENCE OF INFLUENZA ON THE SEXUAL APPARATUS IN WOMEN. — Further observations on this subject by Dr. R. Müller, published in the *Münchener medicinische Wochenschrift* for 1895, No. 41, and summarized in the *Centralblatt für innere Medicin* for May 23, 1896, relate to a hundred and fifty-nine women who were affected with influenza in the periods 1889 to 1890 and 1894 to 1895. Twenty-one of them were pregnant, and pregnancy was interrupted in seventeen. In all but three of the hundred and thirty-eight who were not pregnant the genital organs were affected with either metrorrhagia, menorrhagia, or aggravation of sexual diseases already existing. The hæmorrhagic endometritis, which is caused by influenza, may under unfavorable circumstances pass into the chronic form, says Dr. Müller. He recommends irrigation of the vagina with a disinfectant several times a day as a prophylactic during the prevalence of influenza. — *New York Medical Journal.*

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TUBERCULOUS GLANDS in the neck can be removed without visible scar through an incision within the hair line extending from behind the ear downward and inward. The glands are pressed toward this opening and caught with a hook or long narrow forceps and enucleated. — *Dollinger, Medical Record.*

NEW TREATMENT OF BURNS. — Poggi and Vergely (*Medical Week*). Dr. Poggi has found that the addition of a few teaspoonfuls of potassium nitrate to a bath, in which the burned part is incased or plunged, will quickly cause the cessation of pain. The water becomes heated after a while, and the pain reappears but quickly subsides upon the addition of another quantity of the salt. When continued for several hours, it is said this method of treatment will prevent the production of phlyctenæ.

Professor Vergely, of Bordeaux, obtained a similar result by covering the burned tissues by means of a paste prepared by mixing calcined magnesia with a certain quantity of water and allowing it to dry upon the skin, and renewing it as soon as detached. The wounds are stated to heal without leaving trace, and pain is prevented. — *Philadelphia Polyclinic.*

NEW METHOD OF SKIN GRAFTING. — Several months ago, while reading an article by Professor Schleich on Infiltration Anesthesia, it seemed to me that the method might be exceedingly useful in removing skin grafts to cover granulating surfaces.

So far I have used it upon nine cases with but one failure, and that due to no fault of the method.

At first I used Schleich's normal solution, but afterwards substituted distilled water, injecting it into the skin by means of an ordinary hypodermic syringe and shaving the epidermis off the wheal so produced with a razor. After having briskly scrubbed the surface of the ulcer with a stiff brush and tar soap and rinsing with normal salt solution, I applied the graft to the surface of the wound, repeating the above procedure until enough skin has been obtained to cover the entire surface.

The grafts were covered over with thin strips of gutta-percha tissue arranged in lattice fashion, over this a quantity of sterilized gauze moistened with the salt solution, and over all a piece of mackintosh to prevent the evaporation of the salt solution, a roller bandage applied and the patient put in bed for thirty-six to forty-eight hours. The dressing was changed every twenty-four hours.

The largest surface I have covered in this way was twenty square inches. This ulcer had not been healed in fifteen years. Beside avoiding the danger and discomfort from administering an anæsthetic in these cases requiring grafting, the skin is very much easier to remove from the wheal than from uninfiltrated surfaces, the patient suffers no pain, and the operator requires no assistant. — *Curtiss Ginn, M.D., of Dayton, Ohio, in Medical Century.*

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TREATMENT OF ECZEMA BY STEAM. — A. Liberson, in two cases, observed that a current of steam of 40° to 50° C. (104° to 122° F.) directed to the affected parts of the skin in eczema removes crusts and scales, occasions increased scaling of the epidermis, favors the absorption of superficial and deeper infiltrations of the skin, diminishes or even entirely stops formation of pus on the surfaces deprived of epidermis, and at the same time produces increased regeneration of tissues, where, on account of chronic processes, the conditions for healing are very unfavorable. The apparatus which the author uses consists of a thick copper cylinder containing two or three glasses, the bottom one being heated with an alcohol lamp. On the top are two openings, one for pouring in water (closed by means of a screw), and the other for a bent tube. According to the sensibility of the skin, the tube is kept three to five inches from it. The *seance* lasts fifteen to thirty minutes. Instead of pure steam, steam with addition of some medicines may also be employed. — *South Russian Medical Gazette.*

THYROID EXTRACT IN SURGERY. — J. W. White (*Univ. Med. Mag.*, August, 1895) reports the following case: In March, 1894, a young girl who was dressing in front of a mirror in a private carriage attached to a train was thrown violently forward, her face striking the mirror, which was broken into many pieces. A large crescentic wound of the soft parts of the right cheek was inflicted. The wound was quickly cleansed and the edges brought carefully into position with interrupted sutures. Rapid union, entirely by first intention, followed, and the scar appeared satisfactory. In the following October it had become greatly hypertrophied and caused great disfigurement. Absorbent ointments, pressure by means of plaster, and other means of local treatment having been tried to no purpose, she was (in January, 1895) put upon thyroid extract, from two to four tablets of "a well-known preparation," each tablet containing five grains, being given daily. All local treatment was discontinued, the scar being only covered with a film of collodion to prevent abrasion or irritation and to keep up gentle pressure. On several occasions marked elevation of temperature and quickening of pulse occurred, once to an alarming extent; but in a few weeks a perceptible change was noted, and at the end of about six weeks the scar had in almost its entire extent come down to the level of the surrounding skin and the dense base had disappeared. White does not claim that this was a case of true keloid, but he points out that the clinical distinction between keloid growths and hypertrophied cicatrices is, after all, based on the size of the growth and on its course rather than upon any more definite differences. He reports the case for the sake of the suggestion to which it leads up of the trial of thyroid extract in other conditions involving the skin, intractable to operative surgery, and either on the border line of malignancy, like keloid, or definitely malignant. — *Exchange.*

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A NEW SIGN OF EARLY TABES. — Dr. James J. Putnam writes in the *Boston Medical and Surgical Journal* that "in a patient with tabes, it is often possible to flex the leg at the hip without bending the knee until the toe almost touches the ear, without producing the sense of painful tension in the popliteal space so speedily felt by one in health. This is not only an interesting feature of advanced cases, but is a valuable early diagnostic sign." — *Medical Times.*

DIVORCES AND SUICIDES. — Of the 376 suicides who ended their lives in New York last year, by far the greater number were divorced people.

From a table prepared for the year 1895, it is shown that there were in Germany during that year 2,834 suicides of men either divorced or separated from their wives, and 948 suicides of widowers as against only 286 suicides of married men. It is also shown that 343 women separated from their husbands and 124 widows died by their own hands, in contrast with 61 married women and 87 unmarried.

In Würtemberg, to every million inhabitants, there are 1,540 lunatics among divorcees or women separated from their husbands, and 338 among the widows, while there are only 224 among unmarried women. There are 1,484 lunatics among the men who are divorced or separated from their wives, 338 among the widowers, and only 236 among the bachelors. — *Medical Review.*

CYCLING VERSUS MORPHINE. — "In Chicago, that city of hurrying men and restless women," says the *British Medical Journal*, "there were, so a popular preacher said not long ago, no fewer than 35,000 persons who actually took hypodermic injections of morphine to save themselves from the pains and terrors of neuralgia, insomnia, nervousness, etc. Cycling has become the rage in Chicago as elsewhere, and the morphine-takers have discovered that a long spin in the fresh air on a cycle induces sweet sleep better than their favorite drug. The result is said to be that the number of those in Chicago who take hypodermic injections of morphine is diminishing. Exercise is the cure for half the ills flesh — and especially nervous, overwrought, city-bred flesh — is heir to." — *Exchange.*

WATER will not extinguish burning kerosene oil, says a writer in *The Household*, but dry sand will, and it is a wise precaution to keep a box of sand in some convenient place to be used in an emergency. If this is not at hand, the flames should be smothered by throwing some heavy rug or woolen substance over it. —*Exchange.*

THE authorities in India have forbidden the use, by the natives, of the water bottle made of skin for transporting drinking water, and have supplied metal buckets instead. They also require all water to be boiled before being drunk. These precautions are instituted to prevent a return of the virulent epidemic of cholera that prevailed last year. —*Exchange.*

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DIACHYLON PLASTERS IN ATONIC WOUNDS AND ULCERS. — Balduzzi, in atonic wounds or ulcers, either of spontaneous or operative origin, advises compression by means of strips of diachylon plaster. It has the advantage of being easily carried out, and is especially adapted to country practice. It is also of service in ulcers of the leg. In fact, in all atonic wounds of whatever origin it exercises a beneficial action. The wound or ulcer should first be rendered aseptic, and this repeated at each time that the dressing is renewed. — *La Semaine Medical.*

A LIVERPOOL physician makes a portable spirit lamp out of a thermometer case, by simply fitting it with a few strands of lamp cotton and then filling with spirits. Screw on the top and place a piece of rubber tubing over the joint, making it spirit-tight. Good for sterilizing needles. A suitable companion to Pavy's urinary test case and for other purposes. — *Maryland Medical Journal.*

ICE WATER WITHOUT ICE. — Here is a wrinkle, how to get ice-cold water in places where there is no ice. Wrap a porous jug in wet flannel; wrap it all around, leaving no place exposed to the air; place it, filled with water, in an open window exposed to all the air there is. Keep the flannel wet. In an hour the contents of the jug will be as cold as if they had been iced. —*Pediatrics.*

ARNICA. — TUMOR OF NECK AFTER A FALL. — Bryce. — About nine months after a severe fall and bruise of the neck, over the posterior cervical spines a tumor formed, having the following characteristics: It was firm and rather hard; there was no fluctuation; it was slightly movable, and evidently not fixed to the bone, but probably in the deep cervical fascia. In size it became as large as a closed fist. Arnica 2x was ordered internally, and without local treatment removed all trace of the swelling in a month. — *American Homœopathist.*

HOMŒOPATHIC THERAPEUTICS OF SKIN WARTS. — Histology teaches us that skin warts are not only a thickening of the epidermis, but they are based upon a morbid development of the papillar bodies. If the warts are left undisturbed they usually remain for a long time, often for a lifetime, unchanged, but disappear sometimes spontaneously. If irritated by scratching, cutting, etc.. they become inflamed, the horny layer of the epidermis is knocked off and a lively cell formation on the surface of the papillæ gives the wart the form of an abscess with papillar basis.

A single wart on the fingers may be of purely local origin, such as pressure, but when they appear on the face, on the nose or the upper extremities, often in great numbers, the cause is undoubtedly constitutional one. We observe these skin formations especially frequent at a youthful age, particularly on girls at the time of puberty. At maturity, and when the body grows stronger, they disappear themselves. But an anæmic, hydrogenoid constitution retains them for

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years or for a lifetime. They have been especially observed on young people who have been addicted to masturbation.

As a remedy for warts we find first of all *dulcamara*. These warts are smooth, sometimes transparent; they rise quickly and appear in numbers. The face and hands are chiefly affected.

Knoor says he has found rhus a useful remedy with such warts as infest the fingers and hands, have a broad base, are of the size of a lentil, a pea or larger, fleshy at the base, but consist in greater part of a horny, coarse, uneven epidermis, feel rough to the touch and hard like a brush; are not sensitive; the surface of a dirty yellow gray color and at times covered with black bristles. These warts disappear slowly.

Thuja is the wart remedy par excellence. Not only do simple warts of the skin yield to this remedy, but it is found efficacious in fig warts or condylomata forming on the genital organs and immediate surroundings of sycotic and syphilitic origin. — *Translated from the Berliner Zeitschrift fuer Homœopathie, in Homœopathic Recorder.*

REVIEWS AND NOTICES OF BOOKS.

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A Homœopathic Materia Medica on a New and Original Plan. By M. W. Van Denburg, A.M., M.D. Published by the author. Fort Edward, N. Y.

This book is called by its author a "Sample Fascicle." It is intended to illustrate the author's idea of the best method of constructing a work on materia medica. This "sample" is a book of upwards of three hundred pages devoted wholly to the arsenic group, which group is larger than one at first thinks, containing as it does no fewer than fifteen forms and combinations of the drug. Each member of the group is presented for study in "condensed form," and one member, the best known and most generally used, — Arsenicum Album, — in "full form," that is, from the most comprehensive standpoint.

The author is well known to the profession as a conscientious student of materia medica. He is not satisfied with superficialities, and an incomplete presentation of materia medica does not accord with his ideas of the importance of the subject. He digs broad and deep for his foundations and builds thereon a structure that omits nothing in any way related to his ideal of a complete materia medica. His effort in the present instance is to present to his readers a very thorough and encyclopædic study of arsenic; to show in the symptom lists the authority or authorities for each symptom, that is, to show its origin and allow the reader to place a value upon it; to designate in each instance whether the symptom is pathogenetic or clinical; to show as far as possible the potency or preparation to

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which the symptom is ascribed; to indicate the antecedent, concomitant, and sequent symptoms; to indicate "cognate drugs"; to assume no personal authority, but to let the work speak for itself on every point. The work gives evidence of painstaking, ferret-like searching through medical literature for facts connected with the action of arsenic on the human body, and the author deserves commendation for his patience and diligence.

There can be no question as to the usefulness of such a study to the one making it; and a presentation of the entire materia medica on the basis of the "condensed forms" in this sample fascicle would doubtless prove a better work than many that are now before the profession. To compile a complete materia medica after the plan here presented in the "full form" of Arsenicum Alb. would be to make a work differing in many ways from any in existence; but whether it would meet the approbation of the members of the profession or not is what Dr. Van Denburg seeks to know. Such a work would not be a presentation of new facts; it would not be a new materia medica purified by any authorized method of critical analysis; it would simply be a rearranged materia medica which perpetuated what many consider the weaknesses and errors of the old materia medicas, but it would have this to recommend it; namely, it would reveal these weaknesses and errors in all their nakedness, and in so far it would certainly be an acceptable work.

PRESENT STATUS OF PEDIATRICS. Edited by Benjamin F. Bailey, M.D., and Allison Clokey, M.D. Lincoln, Neb.: State Journal Company. 1896. pp. 304.

This little book is not a systematic treatise on diseases of children, but is rather a brief résumé of the present condition of pediatrics. It consists of fifteen chapters contributed by fifteen members of the section of pædology of the American Institute of Homœopathy for '96. As a rule each chapter treats of a certain class of diseases, such as "diathetic diseases," "thoracic diseases," "skin diseases," "diseases of the digestive tract," etc. It is to be noticed that the paragraphs devoted to the ætiology, pathology, and diagnosis of these diseases are distinctly modern in tone and contain the very latest ideas on these subjects. The sections on treatment, with two or three exceptions, are exceedingly brief recommendations of hygienic, dietetic, and medicinal measures. Often the medicinal measures are restricted to such as this: "Bryonia, calcarea carbonica, arsenic, and argentum nitricum are perhaps most often indicated." It is only the hypercritical who can demur at this, however, for others will bear in mind that the book is intentionally restricted in its scope, being an effort to bring matters up to date, and being simply suggestive in character. The book admirably fulfils its designs and may be looked upon as a "happy thought" which other sections of the Institute, or small medical clubs, might bear in mind as a worthy example of successful coöperation.

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A MANUAL OF NERVOUS DISEASES AND THEIR HOMŒOPATHIC TREATMENT. By George F. Martin, M.D. New York and Chicago: Medical Century Company.

This is a handy little volume of something over three hundred pages, gotten up in the form of a quiz-compend, which form, while fatal to literary style, allows of the condensation of a vast amount of scientific lore into an exceedingly small compass. This is just what the student wants, and it also proves useful to the physician for quick reference. The book offers admirably concise pictures of nervous diseases, considerable stress being laid on methods of diagnosis and differential diagnosis. A chapter on the anatomy and physiology of the nervous system opens the book, and then follow chapters on diseases of the brain, its membranes, the cranial nerves, the cord, its meninges, the spinal nerves, and functional nervous diseases. The text includes descriptions of common and uncommon diseases, and does not slight such conditions as diver's disease, policeman's disease, Morvan's, Friedreich's, Raynaud's, Marie's diseases. It is in fact quite up to date in its pathology and diagnosis. The treatment is indicated by a few lines or several pages as needed; and includes general measures, local applications, diet, and hygiene, as well as medicines selected in accordance with the law of similars. The book is unquestionably destined to become popular.

THE TWENTY-FIFTH ANNUAL REPORT OF THE MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL brings word of the continued success and acceptable service of this excellent institution. Over thirteen hundred patients have been cared for during the year whose report is here rendered, with an average of six per cent of deaths and eight per cent of recoveries on the whole number treated. A feature of much interest is the "examination scheme" formulated and presented by Dr. Talcott, whose object is, in the doctor's comprehensive phrase, to obtain, "first of all, a comprehensive idea of the individual case as it has existed during a lifetime, and through the varying and mysterious mazes of ancestral influence, abnormal growth, or pathological degeneration."

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, M.D. Second Revised Edition. With numerous illustratrations, including photo-engravings and colored plates. Philadelphia: The F. A. Davis Co. pp. 360.

Dr. Purdy's name is now easily recognized as an authority in matters pertaining to urinary analysis, and anything on the subject emanating from his pen is sure to receive the earnest attention of the profession. This edition of his work on urinary analysis has been before the profession several months and already a favorable verdict has been rendered and its merits have been recognized. It differs but little from the first edition, as the time which elapsed be-

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tween the publishing of the two editions was too short to allow many additions to be made to the text, even if new material had accumulated in the mean time. Among the salient features of the book may be mentioned the author's advocacy of the centrifuge for the precipitation of sediments, the author having devised percentage tubes for use in his electric centrifuge. The section on the proteids to be found in the urine is quite up to the latest physiological and pathological knowledge. The section on "Bacteriuria" is a novelty, and while excellent in many respects is capable of being made of greater practical value by the introduction of details as to the technique of mounting and staining specimens. The sections on the toxicity of urine and on the examination of urine for life insurance are well worth reading. The second part of the book, devoted to diseases of the urinary apparatus and the effects of other diseases upon the urine, is condensed and to the point; and yet in future editions it is to be hoped that this entire part of the work may be augmented by the addition of more detail and the expansion of some of the sections: diseases of the nervous system, for instance. The specialization so characteristic of recent times has made itself felt in this department of medicine, and Dr. Purdy's work is a commendable result of this specialization.

PRACTICAL DIETETICS: WITH SPECIAL REFERENCE TO DIET IN DISEASE. By W. Gilman Thompson, M.D. New York: D. Appleton & Co. pp. 802.

Nutrition being the chief function of the body, the one great characteristic by which animate is differentiated from inanimate matter, it would seem as if the appearance of a book like the one under consideration would be an ordinary occurrence rather than a very unusual one. As a matter of fact such books are so few and so infrequently published that the present one may be considered a distinct novelty. It is not a "cook book," or a book of receipts for domestic use; it evidently was not written with the idea of exploiting any fads or fancies or speculative theories of the author. It bears internal evidence of having been written from the broad, impartial, critical, and suggestive standpoint of science. It appeals to chemistry, to physiology, and to the accessible history of the human family for facts and experiences.

The first part of the book — over two hundred pages — is devoted to a study of the elementary composition, force producing value, classifications, and economic value of foods, including water, salts, animal and vegetable foods, fruits, fats, stimulants, beverages, and condiments. A section is devoted to the objects and effects of cooking food, varieties of cooking, food preparation and preservation. In another section is studied the relation of foods to special conditions, as infancy, adult life, old age, climate and seasons. Another section is devoted to digestion and the conditions which especially affect digestion. Food infection, food adulteration, ptomaines, and

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other poisons, and the different methods of administering food to the sick are all discussed intelligently and profitably as a fit preparation for the study of diet in its relation to disease, or the therapeutic application of diet. The profession has long been accustomed to relying on the dietetic treatment of diabetes mellitus, and Bright's disease, and has considered the influence of food in rheumatism, gout, typhoid fever, gastro-enteritis, etc. But Dr. Thompson greatly extends this list so as to include diseases of the nervous system, the urinary apparatus, the skin, the respiratory organs, diseases of the liver, the blood, and many constitutional disorders. The concluding section is devoted to the dietaries of the army and navy, of prisons, of hospitals, and gives much miscellaneous information concerning food. The work is a comprehensive, systematic treatise on food that will prove of great value to the physician whose aim in life is to bring comfort and well-being to thoughtless and suffering humanity.

DIET IN SICKNESS AND IN HEALTH. By Mrs. Ernest Hart. Philadelphia: W. B. Saunders.

Sir Henry Thompson, in his brief and most candidly commendatory introduction to Mrs. Hart's practical little work, gives it as his unhesitating opinion that the book "forms a handbook on its subject — Dietetics — which will not only interest the dietetic student, but offer him, within its modest compass, a more complete epitome thereof than any work which has yet come under my notice." It is not necessary altogether to echo the distinguished physician's verdict to yet heartily indorse Mrs. Hart's book as excellently sensible and well put together, terse, authoritative, and eminently practical. It gives the dietetic systems profitable to follow in health and in disease, and the principles on which these systems are founded; directions for reducing flesh and for putting on flesh, and many clearly written recipes for the preparation of the dishes are recommended. Mrs. Hart summarizes the dicta of the best dietetic authorities; for example, Dr. Burney Yeo, Sir Henry Thompson, Sir W. Roberts, Dr. Pavy, and others, adding to their suggestions many of her own. The book is one whose usefulness is worthy and evident, and whose popularity should be assured, since, to again quote Sir Henry Thompson, "no man is a really accomplished physician or surgeon who has not made dietetic principles and practice an important part of his professional education."

DIETS FOR INFANTS AND CHILDREN, IN HEALTH AND IN DISEASE. By Louis Starr, M.D. Philadelphia: W. B. Saunders. 1896.

This compact, suggestive, and practical little book gives (on leaves easily detachable and intended to be left, in lieu of verbal or written directions, by the physician, with the mother or nurse) full directions for the diet of children of varying ages, in health, and in many of the more common forms of disease. The diets given are founded on wide experience and common-sense theories, and are instantly

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and most helpfully suggestive. Clearly printed, they keep the physician's dietetic directions — than which none of his are of more marked importance — constantly, and without possibility of confusion, before the nurse's thought.

The little book is substantially bound and of convenient size for pocket transportation.

Lea Bros. and Co. announce the publication, on the first of the current month, of a revised edition of GRAY'S ANATOMY. The publishers tell us that in this new edition every page has received the careful scrutiny of a corps of eminent American anatomists; and such changes have been made as are necessary to represent the advances in anatomical knowledge and in methods of teaching since the recent issuance of the thirteenth edition. The section on the brain, spinal cord, and viscera has been entirely rewritten, and the new matter added throughout will increase the work by about seventy-five pages.

No less important is the addition of about 135 new and handsome engravings, enriching and completing the unrivaled series of illustrations which have always formed a distinguishing feature of this work. As heretofore, distinctive colors have been used to give greater prominence to the attachments of muscles and to veins, arteries, and nerves.

In the mechanical execution no effort has been spared to render the revision worthy of a continuation of the reputation won by "Gray" during the past forty years as "the foremost of all medical text-books."

The price will be retained at the previous reasonable figure.

PERSONAL AND NEWS ITEMS.

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To let, furnished, a beautiful suite of offices, centrally located on Boylston Street, Boston. Low rent to the right person. Address "X. Y. Z.," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. HORACE PACKARD announces that he will return from his summer outing at Winter Harbor, Maine, late in September, and will be ready to attend to professional engagements on and after October 1.

DR. F. A. HODGDON has removed from Peterboro, N. H., to Malden, Mass., having located at No. 45 Pleasant Street of that city.

DR. FRED'K A. KING, class of '95 B. U. S. of M., has removed from Boston to No. 80 Franklin Street, Melrose Highlands, Mass.

DR. FRED'K C. ROBBINS, class of '96 B. U. S. of M., has located at No. 30 Prospect Avenue, Wollaston, Mass.

DR. A. L. KENNEDY has purchased the house at No. 286 Newbury Street, Boston, and will remove there on September 1 his office and residence from 333 Commonwealth Avenue.

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THE

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COMMUNICATIONS.

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SOME REASONS FOR A BELIEF IN HOMŒOPATHY, INCLUDING SOME COMPARATIVE STATISTICS.

BY WALTER SANDS MILLS, M.D., STAMFORD, CONN.

We are professed believers in the law of similars, and it is meet and proper that on this occasion, the one hundredth anniversary of the promulgation of that law, we should pause a moment for introspection, and to examine the reasons for the belief which we have in us. There is still a multitude of liberal-minded (?) persons who call homœopathists bigoted for following the teachings of Hahnemann. The majority of the medical profession is still opposed to homœopathy, and the feeling against it is, in many quarters, as bitter as ever. These statements being true, why should we, a minority in this great profession, believe in homœopathy? Does the phrase, "*similia similibus curentur*"[1] formulate a therapeutic law? If so, has one hundred years of use proved its efficacy? My answers to these questions will be as full as the limited time at my disposal will admit.

What is homœopathy? Homœopathy is "a system of medicine formulated by Hahnemann. It is founded on the principle that 'like cures like,' and therefore prescribes, usually in minute doses, such remedial agents as would produce in health symptoms similar to those manifested in the disease to be treated."[2]

The origin of homœopathy can best be told in the words of Samuel Stratten, who, in 1833, wrote a preface to the first English translation of the "Organon," which preface was reprinted in the first American edition published at Allentown, Penn., in 1836. Dr. Stratten says: —[3]

"On commencing the study of medicine, he (Hahnemann) soon became disgusted with the mass of contradictory assertions

[1] *Similia Similibus Curantur*. Winthrop T. Talbot, M.D. Boston: NEW ENGLAND MEDICAL GAZETTE, April, 1896. Dr. Talbot shows conclusively that Hahnemann wrote his formula with *curentur*, not *curantur*, as generally used.

[2] *The Standard Dictionary*, published at New York, 1895.

[3] *Hahnemann's Organon*, edited by Constantine Hering, M.D. First American edition published at Allentown, Pa., 1836.

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and theories which then existed. He found everything in this department obscure, hypothetical, and vague, and resolved to abandon the medical profession. Having been previously engaged in the study of chemistry, he determined on translating into his native language the best English and French works on the subject. Whilst engaged in translating the Materia Medica of the illustrious Cullen, in 1790, in which the febrifuge virtues of cinchona bark are described, he became fired with the desire of ascertaining its mode of action. Whilst in the enjoyment of the most robust health, he commenced the use of this substance, and in a short time was attacked with all the symptoms of intermittent fever, similar in every respect to those which that medicine is known to cure. Being struck with the identity of the two diseases, he immediately divined the great truth which has become the foundation of the new medical doctrine of homœopathy.

"Not contented with one experiment, he tried the virtues of medicines on his own person, and on that of others. In his investigations he arrived at this conclusion: that the substance employed possessed an inherent power of exciting in healthy subjects the same symptoms which it is said to cure in the sick. He compared the assertions of ancient and modern physicians upon the properties of poisonous substances with the result of his own experiments, and found them to coincide in every respect; and upon these deductions he brought forth his doctrine of homœopathy."

This was the beginning. After six years of experiment and work Hahnemann published his conclusions to the world in 1796. He had observed the effects of various drugs on healthy persons; he had seen these drugs cure disease symptoms similar to those which they had produced. He had observed this constant action of drugs on the human body so many times that he believed he had discovered a law of cure; hence he put his discovery into words, "*similia similibus curentur.*" Since that time this law has been verified thousands and thousands of times, and by hundreds of observers.

Why like should cure like has not as yet been satisfactorily explained. Still, it is as explicable as any other fundamental law of nature — and no more so. In the observation of all natural phenomena we may trace the "*why*" for a little way, but eventually we come to a place where we are obliged to stop and simply say that such an event follows such another event. Who can explain why the origin and development of a living being should depend solely on the fecundation of the ovum? And yet physiology teaches us that such is the fact. No possible combination of circumstances can result in generation that does not begin with the union of the male and female germs. Further than that we cannot go. It is a law of nature.

What is a law of nature? "The uniform occurrence of natural phenomena in the same way or order under the same conditions, so far as human knowledge goes; a formal statement of such uniformity in any given class of cases." *Similia similibus curentur*

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is "a formal statement of such uniformity," and is therefore a law of nature.

As a proof of the truth of this law I wish to call attention to a certain few drugs, the usefulness of which physicians of all schools recognize, — drugs which we know to act according to this law when they do good in the conditions named. Their action is so sure that they are sometimes called specifics. For example, *cinchona* in its various combinations as a remedy for intermittent fever. We have seen that Hahnemann's first discovery was that *cinchona* caused symptoms in the healthy similar to certain forms of intermittent fever. *Cinchona* is universally used by the allopath as a remedy for intermittent fever, but by the homœopath only when indicated. *Mercurius* and *kali iodatum* are used generally as remedies in syphilis. Provings of these drugs on healthy individuals have given many symptoms identical with the manifestations of syphilis. *Hyoscyamus* in some form is now a frequently used remedy in insanity. When given to a healthy person *hyoscyamus* causes peculiar hallucinations and illusions. It has a distinctly curative action on individuals who, from disease, present these same symptoms. And so, did I have the time at my disposal, I might go on through the list of drugs and show that many of them, used empirically by the allopaths, when they do cure, cure by their homœopathic action; that when they fail to cure, the indications for their use have not been strictly homœopathic.

The law of similars having been formulated after close study of an almost innumerable series of observations, a supreme test of its universality would be in applying a drug, the action of which was known, in a hitherto unfamiliar form of disease. This opportunity came to Hahnemann in the cholera epidemic of 1831–34. "Hahnemann, guided by the unerring therapeutic rule he had discovered, at once fixed upon the remedies which should prove specific for it, and caused directions to be printed and distributed over the country by thousands; so that on its actual invasion the homœopathists and those who had received Hahnemann's directions were fully prepared for its treatment and prophylaxis; and thus there is no doubt many lives were saved and many victims rescued from the pestilence. On all sides statements were published testifying to the immense comparative success that had attended the employment of the means recommended by Hahnemann before he had seen or treated a single case. This one fact speaks more for homœopathy, and the truth of the law of nature on which the system is founded, than any other I could offer; namely, that Hahnemann, from merely reading a description of one of the most appallingly rapid and fatal diseases, could confidently and dogmatically say, such and such a medicine will do good in this stage of the disease, such and such other medicines in that." [1]

Homœopathy has been assailed because the theory of the origin

[1] *Dudgeon's Lectures on Homœopathy*, quoted by Carroll Dunham in *Homœopathy, the Science of Therapeutics.*

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of disease advanced by Hahnemann is not acceptable to-day, and its detractors argue that unless such disease theory stands, the law of similars must fall.[1] This is not true. What Hahnemann did or did not believe to be the origin of disease has absolutely nothing to do with the law of similars. *Similia similibus curentur* is simply the putting into words of *the relation that exists between drug action and disease action*, and that *relation* does not change. In making a drug proving, that is, in giving a drug to a healthy individual, the drug action is manifested by a series of phenomena known as symptoms. In the same way the presence and progress of disease action are manifested by a series of phenomena known as symptoms. The only means we have for knowing that disease action is taking place in the human economy is by the exhibition of symptoms, both subjective and objective. From these symptoms we construct our diagnosis and our treatment.

Theories of the origin of disease have changed much in the last hundred years, and I submit that they will change much in the future. The ultimate cause is beyond human ken. Carroll Dunham says: "The cause of disease is identical with the essential cause of the modification of function or organ which we recognize as the disease; it can never be discovered, for it is the same, in its nature, as the cause of healthy functional or organic action; in other words, it is life itself, the nature of which, as of every first cause, is inscrutable."[2]

Assuming that the prevailing germ theory of the origin of disease, so far as it goes, is true, and is a step in the right direction, of what advantage is it to us in treatment? As already stated, disease is made manifest to us by symptoms. Are the symptoms of pneumonia, of typhoid fever, of diphtheria, or of any other disease, in the least different now from what they were when the germ theory as a factor was unknown? Are the changes that take place in the body in disease any less mysterious? I think not. Seventy-two years ago the occult influence of the heavenly bodies was put down as the cause of intermittent fever.[3] To-day the organism of Laveran is said to be the cause.[4] The disease itself, however, is not different. The descriptions of its symptoms in the books of seventy-two years ago and of to-day are practically the same. *Quinine* in various forms was as strongly recommended as a specific in 1824 as in 1896. The homœopathic relation of *cinchona*, when indicated, is equally as potent in overcoming the effects of the development of the organism of Laveran as it was in interfering with the occult influence of the heavenly bodies. Why? *First*, because the disease is the same to-day as it was then. Whatever change may have been made in the theory of its etiology, the process of its development remains the same. *Second*,

[1] *Encyclopædia Britannica*, Ninth edition, Volume XII, article *Homœopathy*.
[2] *Homœopathy, the Science of Therapeutics*. Carroll Dunham.
[3] *Practice of Physic*. Robert Thomas, London. Seventh American edition published at New York, 1824.
[4] *Practice of Medicine*. William Osler. Second edition published at New York, 1895.

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because *similia similibus curentur* simply expresses the *relation* that drug action bears to disease action, and that *relation* is unchanged and unchanging, no matter what may be the theory of the cause of disease.

At the present time, therefore, the germ theory of disease is important, not in the treatment of disease, but in its prevention. When it can be proven that the ingestion of a specific germ is always followed by the exhibition of a certain disease, obviously, by keeping that specific germ from such ingestion we can prevent that disease. Just now the germ theory seems to hold the field. The so-called "*serum-therapy*," founded on that theory, is still far from an acceptable demonstration. The only remedy of that class much in use to-day, diphtheria *anti-toxin*, seems to be losing ground, like its predecessors. The most recent authoritative work on diphtheria emanating from the old school — I refer to the book of Lennox Browne,[1] of England — says the value of the *anti-toxin* treatment of diphtheria has not yet been proven, and relegates its discussion to an appendix.

To me a powerful reason for a belief in homœopathy is, that a knowledge of the law of similars sufficient to apply it is equivalent to a belief in its efficacy. Whereas, on the other hand, the non-believers, the scoffers, the bigoted opponents, are those only who know little or nothing about what they condemn. In one of the most prominent medical schools of this country one hour of each year is devoted to an explanation of the fallacy and absurdity of the law of similars. The learned professor of materia medica tells his class all there is to know of homœopathy in that one hour, and the class is satisfied. This is a sample of the extent of knowledge of homœopathy possessed by the vast majority of our critics.

Still another reason is that, despite the opposition homœopathy has encountered in the past, despite the opposition it encounters in many quarters at present when seeking to obtain official recognition, its adherents are steadily increasing in number. I have recently seen it stated that there are in Europe thirty times as many followers of homœopathy now as there were thirty years ago.[2] In the United States during the past fifteen years there has been a considerable growth. In 1880[3] there were thirty-eight homœopathic hospitals; in 1895[4] there were 130 such hospitals. In 1880 there were treated in these hospitals 14,952 patients; in 1895 there were treated 54,476 patients, nearly four times as many. In 1880 there were treated in homœopathic dispensaries 117,564 patients; in 1895 there were treated 210,866 patients. These figures are for patients of the hospital class — the poor people. The stronghold of homœopathy in the United States, however, is among the well-to-do, and

[1] *Diphtheria and its Associates.* Lennox Browne, F. R. C. S., Ed. American edition published at Philadelphia, 1896.
[2] *The Homœopathic Recorder*, February, 1896.
[3] *Transactions American Institute of Homœopathy*, 1880.
[4] *Ibid.*, 1895.

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the number of its adherents among the better classes has increased much more rapidly than among the poorer.

It has been asserted that the allopath makes his diagnosis and then treats the disease; whereas the homœopath, it is said, pays too little attention to the diagnosis and too much to superficial symptoms. If a certain method of treatment proves of value in one case of a certain disease, the man who makes the diagnosis his sole basis of treatment finds himself treating each successive case of the same disease by the same method. This is the rule with practitioners of the old school. For example, *quinine* is given in every case of intermittent fever, baths are used in every case of typhoid fever, *mercury* is prescribed for every case of syphilis, and so on. Undoubtedly these measures afford relief in many cases; just as certainly they are of no value in others, and of positive injury in still others. This way of prescribing — according to the diagnosis — has caused an old-school physician to work out a mathematical formula [1] by which one may figure out if he treats a certain number of cases by a given method with definite results, what the probabilities will be in treating a certain other number of cases by the same method. This is fallacious. What would be thought of a tailor who made a customer a suit of clothes, fitted him, and then attempted to fit the next ninety-nine customers with clothes made according to the same measure? Yet that is precisely what the physician does who cures one case of, say, pneumonia by means of a given treatment, and then attempts to cure the next ninety-nine cases by the same method. He totally ignores the fact that different cases of the same diseases are as different as the persons in whom they occur. Each case must be individualized by its symptoms and should be treated accordingly. This is done only by the homœopath, who carefully elicits the symptoms peculiar, not only to the disease he is treating, but the symptoms peculiar to that individual case as well. Ability to make a diagnosis is a necessary accomplishment for the physician, be he of any school, as, other things being equal, the best diagnostician is bound to be the best prescriber. He can the better trace back a symptom to its source. Much bad homœopathic prescribing comes from a failure to appreciate this fact.

Homœopathy has been attacked on account of its being the same to-day as it was at the beginning. It is said not to have kept pace with the times. Hahnemann and his followers of a century ago were the first to break away from the crude methods of treatment in vogue at that time. Dr. J. Grey Glover [2] says: "But for the homœopathic practice, which most practitioners regarded as a negation, tantamount to leaving the disease to nature, the emancipation from traditional methods of treatment would have been much slower than it was. Besides this, homœopathy may be credited with two other services. It has given prominence to the therapeutical side of medi-

[1] *New York Medical Journal*, February 1, 1896.
[2] *Encyclopædia Britannica*, Ninth edition, Volume XII, article *Homœopathy*.

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cine, and has done much to stimulate the study of the physiological action of drugs." This is the testimony of an opponent. Homœopathy was and is founded on a law of nature, a kind of law that is unchangeable; hence the corner stone of homœopathy must of necessity be the same to-day as it was one hundred years ago. Many advances have been made during that time in the means of application of the law of similars at our disposal, but the law itself is the same. As a system of therapeutics homœopathy is unique. It stands alone in its century of years, and to-day is stronger than ever. To me this very unchangeableness, this remarkable vitality, is but another proof of the great truth of homœopathy. For, had it been built on a fallacy, homœopathy would long since have been forgotten.

Homœopathy, if mere theory and not a fact capable of demonstration, would be worth nothing. We, as homœopathists, as practitioners of a system of therapeutics founded on a law of cure, should be able to show results superior to those of any school not founded on a definite law, else we have no right to exist as a sect in medicine. Can we show such results?

To answer this question correctly I have collected various hospital reports for comparison, and herewith present the figures obtained. To eliminate errors as much as possible, I have noted simply the total number of cases treated and the number of deaths. There is no getting around that. Deaths are matters of public record. In collating my statistics I started with a list of the homœopathic hospitals treating over one thousand cases annually, as reported in the "Transactions of the American Institute of Homœopathy for 1895." I then endeavored to find what allopathic hospital in a given place corresponded in kind most nearly to the homœopathic institution whose figures I had. Finally, I wrote to each hospital selected for its annual report. The figures which follow, therefore, are not taken at second hand, but are copied directly from the last published report of the hospitals named, and are authentic. These various reports are on file in my office. It will be seen that the death rate varies in different places; but when the allopathic and the homœopathic figures for the same city are placed side by side, the showing is always eminently satisfactory to the believer in homœopathy.

The largest homœopathic hospital in the world is the Metropolitan Hospital on Blackwell's Island, New York City (formerly the Ward's Island Homœopathic Hospital), where the writer served eighteen months, some years ago, as a member of the house staff. This institution, with some ten or twelve others under allopathic medical control, is owned by the city of New York, and is under the general supervision of the Department of Charities of that city. The hospital under the same government which corresponds most nearly to the Metropolitan is the City Hospital (formerly the Charity), also on Blackwell's Island. Patients are sent to these two institutions

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from the Department distributing office, *pro rata*, according to the number of vacant beds in each, and irrespective of the diseases to be treated. In the course of a year, therefore, each hospital averages about the same class of cases. According to the last published report of the Department of Public Charities and Correction printed for 1892,[1] I find that in that year there were treated at the City Hospital (allopathic) 8,430 patients with 621 deaths, a mortality of 7.35 per cent. At the Metropolitan Hospital (homœopathic), 5,060 patients were treated, with 271 deaths, a mortality of 5.36 per cent. A difference in favor of homœopathy of 1.99 per cent. It may be of interest to add that the City Hospital shows a lower death rate than any other of the allopathic hospitals belonging to New York City.

In Brooklyn the Brooklyn Homœopathic Hospital and the Brooklyn Hospital (allopathic) are within a few blocks of each other. The two institutions are about of a size and their ambulance districts are nearly identical. At the Brooklyn Hospital (allopathic)[2] in 1894 there were treated 1,373 patients with 118 deaths, a mortality of 8.60 per cent. At the Brooklyn Homœopathic Hospital[3] in 1895 there were treated 1,170 patients with 76 deaths, a mortality of 6.44 per cent. A difference in favor of homœopathy of 2.16 per cent.

In Philadelphia I am told that the hospital corresponding most nearly to the Hahnemann is the Pennsylvania. I therefore quote the figures from its annual report of 1894. During that year there were treated at the Pennsylvania Hospital[4] (allopathic) 2,553 patients with 268 deaths, a mortality of 10.49 per cent. During the year ending March 31, 1895, there were treated at the Hahnemann Hospital[5] (homœopathic) 1,851 patients with 98 deaths, a mortality of 5.29 per cent. A difference in favor of homœopathy of 5.20 per cent.

In Pittsburgh, at the Western Pennsylvania Hospital[6] (allopathic), during the year ending September 30, 1895, there were treated 2,305 patients with 207 deaths, a mortality of 8.98 per cent. At the Pittsburgh Homœopathic Hospital,[7] during the year ending March 31, 1895, there were treated 1,412 patients with 90 deaths, a mortality of 6.37 per cent. A difference in favor of homœopathy of 2.61 per cent.

In Boston, at the Massachusetts General Hospital[8] (allopathic),

[1] *Department of Public Charities and Correction.* Annual Report, 1892. Issued by the city of New York.

[2] *Report of the Brooklyn Hospital* for the year ending December 31, 1894.

[3] *Annual Report of the Brooklyn Homœopathic Hospital* for the year ending November 30, 1895.

[4] *Report of the Board of Managers of the Pennsylvania Hospital*, Philadelphia, for the year ending Fourth month, 27th, 1895.

[5] *Annual Report of the Hahnemann Medical College and Hospital*, Philadelphia, for the year ending March 31, 1895.

[6] *Annual Report of the Managers of the Western Pennsylvania Hospital*, Pittsburgh, for the year ending September 30, 1895.

[7] *Twenty-ninth Annual Report of the Homœopathic Medical and Surgical Hospital and Dispensary*, Pittsburgh, for the year ending March 31, 1895.

[8] *Eighty-first Annual Report of the Trustees of the Massachusetts General Hospital*, Boston, for the year 1894.

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which perhaps corresponds most nearly to the Homœopathic Hospital in the class of its service, during the year 1894, there were treated 4,605 patients with 453 deaths, a mortality of 9.83 per cent. At the Massachusetts Homœopathic Hospital,[1] during the year 1894, there were 1,191 patients with 50 deaths, a mortality of 4.19 per cent. A difference in favor of homœopathy of 5.64 per cent.

At the Cook County Hospital in Chicago, Ill., the law requires that the patients shall be apportioned as follows: nineteen of every thirty to the allopathic wards, five of every thirty to the eclectic wards, and six of every thirty to the homœopathic wards.[2] I have in my possession a report[3] made up from the hospital records in 1894 by the eclectic members of the staff, a report which was made up and presented to the commissioners of Cook County as a defence against certain encroachments which the allopathic profession proposed to make. For the five years ending January 1, 1894, there were treated in the Cook County Hospital, according to this report, 43,598 patients. To the allopaths were assigned 28,121 patients with 3,340 deaths, a mortality of 11.87 per cent. To the eclectics were assigned 6,968 patients with 668 deaths, a mortality of 9.57 per cent. To the homœopaths were assigned 8,509 patients with 766 deaths, a mortality of 9 per cent. These figures show a difference in favor of homœopathy of 2.87 per cent and of 0.57 per cent, respectively.

Finding such a unanimity of results favorable to homœopathy in the six large cities already cited, I resolved to obtain reports from the Johns Hopkins Hospital and from the Maryland Homœopathic Hospital, both in Baltimore. The Johns Hopkins Hospital is famous throughout Europe and America as being the finest and best equipped hospital in existence. Its attending physicians and surgeons are men of international reputation as scientific observers and as skilful practitioners. Surely here we must find allopathy at its best. For the year ending January 31, 1895, there were treated at the Johns Hopkins Hospital[4] (allopathic) 3,018 patients with 197 deaths, a mortality of 6.52 per cent. At the Maryland Homœopathic Hospital[5] there were treated 356 patients with 12 deaths, a mortality of 3.37 per cent. A difference in favor of homœopathy of 3.15 per cent.

To recapitulate, I have reported records of 50,405 patients treated in allopathic hospitals with 5,204 deaths, a mortality of 10.32 per cent. I have reported records of 19,549 patients treated in homœopathic hospitals with 1,363 deaths, a mortality of 6.97 per cent. A difference in favor of homœopathy of 3.35 per cent. To put it in

[1] *Twenty-fifth Annual Report of the Massachusetts Homœopathic Hospital*, Boston, for the year 1894.

[2] Data obtained from a personal letter dated May 5, 1896, and written to me by Dr. G. W. McFatrick, a member of the eclectic visiting staff of the Cook County Hospital, Chicago, Ill.

[3] Paper prepared from the Cook County (Illinois) Hospital records by Dr. G. W. McFatrick, and read before the Honorable Board of Commissioners of Cook County, March 15, 1894.

[4] *Sixth Report of the Superintendent of the Johns Hopkins Hospital*, Baltimore, for the year ending January 31, 1895.

[5] *Annual Report of the Maryland Homœopathic Hospital*, Baltimore, for the year 1895.

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another way, if all of these 69,954 patients had been treated in allopathic hospitals with their mortality of 10.32 per cent, there would have been 7,219 deaths. If all of these 69,054 patients had been treated in homœopathic hospitals, with their mortality of 6.97 per cent, there would have been 4,875 deaths. A difference in favor of homœopathy of 2,344 lives. These figures speak volumes.

To turn to statistics of a specific disease as treated according to the latest method, I mean statistics of diphtheria treated by *anti-toxin* as compared with statistics of diphtheria treated homœopathically, allow me to quote some figures presented to the Homœopathic Medical Society of Chicago, January 9, 1896, by Dr. R. W. Tooker.[1] In a collection of 8,000 cases treated with *anti-toxin* the total death rate was 22 per cent. Of 315 cases treated homœopathically, without *anti-toxin*, the death rate was only 7.3 per cent. Notwithstanding these facts some professed homœopaths have used the serum treatment. *Anti-toxin* is not accepted by all the allopaths, especially those most familar with its use. At the Willard Parker Hospital[2] for contagious diseases in New York, where *anti-toxin* has been very extensively used, several members of the house staff stricken with diphtheria absolutely refused to be injected with the *anti-toxin*. Familiarity with it had taught them to fear its use on their own persons.

In the spring of 1895 Stamford, Conn., passed through an epidemic of typhoid fever. There were reported 406 cases[3] with 27 deaths, a mortality of 6.63 per cent. Of these cases 284 were treated by allopathic physicians with 22 deaths, a mortality of 7.74 per cent; the remaining 122 cases were treated by homœopathic physicians with only 5 deaths, a mortality of 4.09 per cent. A difference in favor of homœopathy of 3.65 per cent. This epidemic was written up and published in the *New York Medical Record*.[4] The writers, however, neglected to call attention to the comparative mortalities.

The following statistics were collated from the official records of the city of New Haven, Conn., by Dr. Edwin C. M. Hall, of that city, to whom I am indebted for the privilege of reproducing them. The figures include all cases reported to the board of health and all deaths resulting from the diseases named for the years 1891, 1892, 1893, 1894, and 1895. During that time there were reported by allopathic physicians 1,271 cases of scarlatina with 127 deaths, a mortality of 9.99 per cent; by homœopathic physicians, 209 cases with 9 deaths, a mortality of 4.30 per cent. A difference in favor of homœopathy of 5.69 per cent. There were reported by allopathic physicians 753 cases of diphtheria and membranous croup with 267

[1] *The Present Status of Diphtheria Anti-toxin at Home and Abroad.* R. N. Tooker, M.D., Chicago. Medical Century, February 1, 1896.

[2] *Society of Alumni of Bellevue Hospital*, meeting of December 4, 1895. Reported in the *New York Medical Journal*, February 15, 1896.

[3] *Records Health Officer*, Stamford, Conn. Not printed.

[4] *Medical Record*, New York, December 7, 1895. Paper by Dr. Samuel Pierson and paper by Dr. F. Schavoir.

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deaths, a mortality of 35.45 per cent; by homœopathic physicians, 146 cases with 31 deaths, a mortality of 21.23 per cent. A difference in favor of homœopathy of 14.22 per cent. There were reported by allopathic physicians 458 cases of typhoid fever with 119 deaths, a mortality of 25.98 per cent; by homœopathic physicians 60 cases with 12 deaths, a mortality of 20 per cent. A difference in favor of homœopathy of 5.98 per cent. There were reported by allopathic physicians 286 cases of measles with 51 deaths, a mortality of 17.83 per cent.; by homœopathic physicians, 106 cases with 2 deaths, a mortality of 1.88 per cent. A difference in favor of homœopathy of 15.95 per cent.

With the above figures before us, — hospital records, private records, epidemic records, records of diseases taken collectively, and records of diseases taken separately, — we surely must believe that it is something more than a fortuitous combination of circumstances which invariably gives the best results to homœopathy. As a sect in medicine we therefore have a right to exist.

FIVE YEARS' WORK IN SURGERY.

BY HORACE PACKARD, M.D.

PELVIC SURGERY BY THE VAGINAL ROUTE.

No more startling departure in the field of surgery has occurred than the rapid substitution in the past year of the vaginal route for abdominal section, in the removal of small ovarian tumors, pus tubes, and hysterectomy. Though removal of the womb by vaginal operation has been a well-established procedure for a number of years, yet its performance has multiplied many fold as an incidental part of vaginal operation for the removal of pus tubes and small ovarian tumors. It is a marvel with what facility the pelvic viscera are reached and necessary operation performed by the way of the vaginal canal when one has once become habituated to that method of operating. To be sure, cases differ vastly in the facility with which operation may be thus performed. For example, a short capacious vagina makes the parts very accessible, while a long, narrow vaginal canal calls for all the manual dexterity available. A moderate sized, freely movable ovarian cyst, easily appreciable in the posterior cul de sac through vaginal examination, is readily removed through a transverse incision posterior to the cervix. Reduction of its volume through puncture and removal of its contents through an aspirator needle facilitates its delivery. Its pedicle is usually sufficiently long so that it can be easily ligated. Through the same opening the opposite ovary can usually be brought into view, examined, and the advisability of its removal adjudged.

With adherent ovarian tumors or pus tubes, which are almost invariably adherent, the procedure must be quite different, and it is

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here that incidental removal of the uterus becomes an accompanying, and in a measure a preliminary, step. It seems on first thought a radical and heroic step to take, that is, the removal of an approximately healthy and presumably inoffending womb, as an accompaniment to extirpation of diseased appendages, and I must declare that I entertained very deep prejudice against the routine adoption of such a step until actual experience convinced me of its justifiability.

The following are the principal reasons for its adoption: —

First. — In seeking to reach pus tubes and other adherent pelvic tumors the uterus is in the way: that is, it obtrudes itself as an insurmountable obstacle.

Second. — Experience shows that the sacrifice of the womb in the course of such vaginal operation does not enhance the danger.

Third. — That the combined removal of the womb and appendages by the vaginal route is accompanied by less danger, and usually far less threatening sequelæ during the convalescence, than the removal of the diseased appendages alone by the abdominal route.

Fourth. — Through the vaginal removal of the uterus as an accompaniment or preliminary of removal of pus tubes by the same route, most satisfactory and natural drainage is secured.

Fifth. — The desired end is reached with minimum of disturbance of the abdominal viscera, abdominal incision is avoided, with consequently no subsequent danger of ventral hernia.

Sixth. — Convalescence is usually rapid, often with no more discomfort than that following repair of the cervix, and the patient is able to be up and on her feet long before it is usually considered safe after an abdominal section.

It is obvious then that in the consideration of operation for the removal of pelvic tumors by the vaginal route vaginal hysterectomy constitutes an important step. In reality it is almost the operation itself in its entity, for with the way cleared through removal of the womb, there is usually but little remaining to be done; for, other than in exceptional cases, adherent pus tubes and small ovarian tumors are easily separated from their attachments, brought into the field, the pedicle ligated, and removal effected. It is exceedingly rare that adhesions are so dense that a line of cleavage cannot be found and followed up with final separation of the mass from its attachments to the surrounding pelvic peritoneum. It has occurred but once in my experience that I have been unable easily and quickly to effect separation. This was an old case of years' standing, with a history of tubal disease and recurring pelvic abscess. There had evidently been exceedingly strong fusion between the abscess wall and the rectum or sigmoid flexure, with perforation and periodical evacuation that way. I was unable in this case to find a line of cleavage or satisfactorily enucleate the mass. Possibly cases of this description might be better handled through an abdominal incision, and yet I feel in doubt about it, for they constitute under

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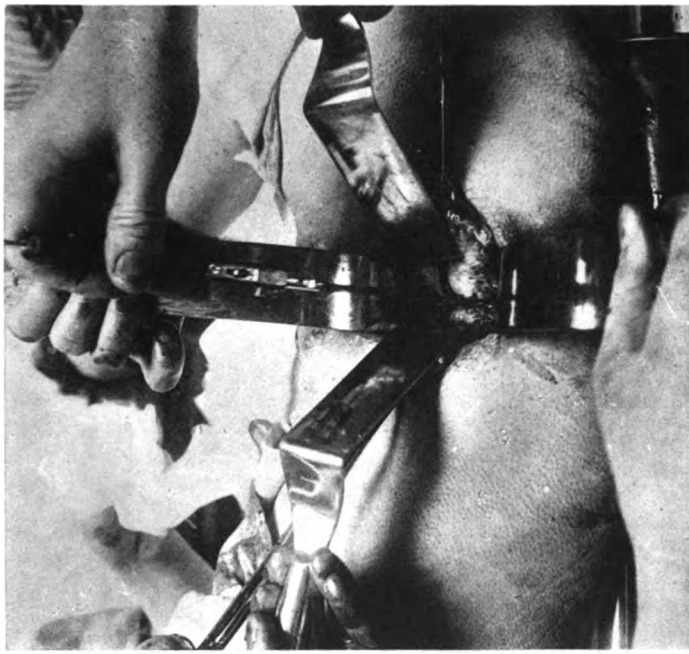

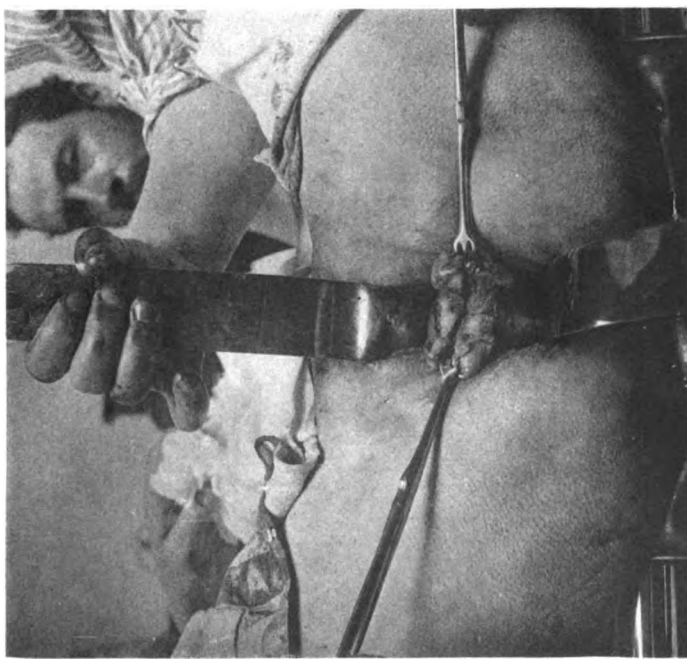

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any circumstances and any form of operation an exceedingly difficult complication to cope with.

The *method* of vaginal hysterectomy, either as a preliminary step or as a primary operation for the removal of the uterus, which is in itself the seat of disease, is an interesting topic for consideration.

The main question at issue is how to best secure the broad ligaments. These bear the blood vessels which supply the womb, and are only four in number, the ovarian above near the region of the Fallopian tube, and the uterine below, very close to the utero-vaginal juncture. It would seem that such a well-defined and easily located blood supply might be controlled with but little difficulty. It is, however, over this point alone that opinion differs at the present time, the choice lying between successive ligations of the broad ligament upon either side, or possibly the ligation of each individual blood vessel as it is cut; and the use of pressure forceps designed to be left *in situ* for twenty-four or thirty-six hours. The latter method is Pean's, of Paris, and is warmly supported by him and his followers. Either method yields good results.

The so-called method by enucleation is hardly worthy of consideration since it differs in nowise from the ordinary steps of hysterectomy by ligation. There is no doubt that a healthy womb bearing healthy appendages may be stripped away from its attachments to the broad ligaments, and the blood vessels torn through without entailing the necessity of ligation. Removal of the healthy womb and appendages, however, is not under consideration and should occupy no place in surgical literature. In following either of the methods referred to above through a series of years, it has gradually occurred to me that some more expeditious and dexterous method might be devised for making vaginal hysterectomy. With that end in view, I have during the past two years made several modifications in method and instruments. It has been the custom, and even is at the present time, for surgeons of experience and acknowledged skill to spend from two to three hours in the performance of vaginal hysterectomy. Such a consumption of time and subjection of patient to such prolonged anæsthesia cannot, it seems to me, be other than prejudicial. Through the method which is herewith appended, it is possible to easily and readily complete the operation in from twenty minutes to half an hour. The details of the method are as follows: —

The cervix is grasped with strong tenaculum forceps and dragged down toward the vaginal orifice as far as its attachments will permit. An incision is carried around the cervix through the vaginal mucous membrane. The attachments are separated anteriorly and posteriorly until the peritoneal cavity is reached. The anterior and posterior walls of the womb are cleared of all attachments well to the broad ligaments on either side. The steps thus portrayed are common to all methods. From this point on divergence occurs.

Protecting retractors designed for the purpose with special curve are passed through the vaginal wound anteriorly and posteriorly until

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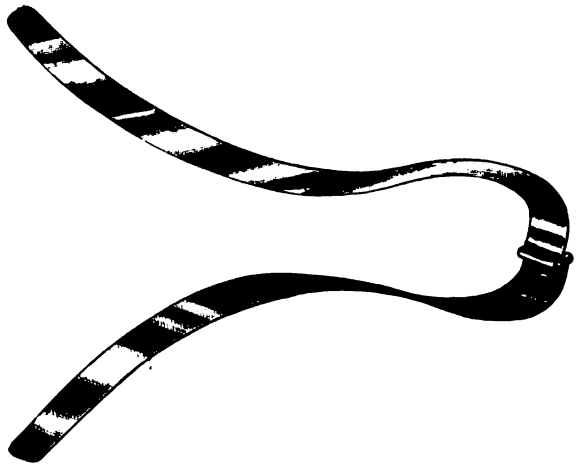
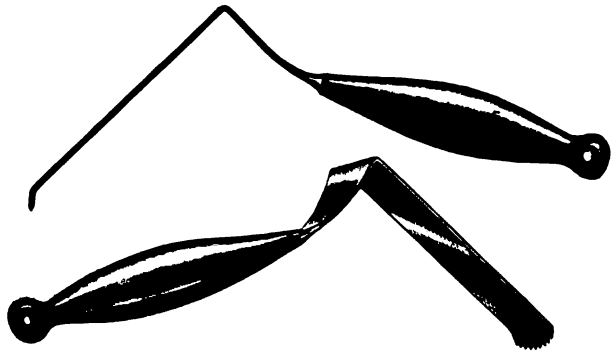
their rounded innermost ends meet and lock over the fundus uteri. These spatulæ now in the hands of assistants act as most powerful retractors to draw the womb down toward the vaginal orifice, and also protect the bladder, the rectum, and loops of intestines, in the course of the next step, which is *longitudinal splitting of the womb*,



PROTECTING RETRACTORS (ORIGINAL).



CAT'S-PAW RETRACTORS (ORIGINAL).

preferably with the electro-cautery knife, although strong, long-handled scissors may be advantageously employed. During the process of womb splitting, the procedure is greatly facilitated through the use of specially designed retractors which, from their peculiar construction and action, I have termed "cat's-paws."

With the completion of the longitudinal bisection of the uterus, the protecting retractors are removed, when it will be found that

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each uterine segment may be successively brought down and delivered at the vaginal orifice. The lower segment of the broad ligament bearing the uterine artery is immediately within the operator's grasp, and with the aid of an ordinary stout curved needle, a ligature of silk or strong catgut is easily thrown about it. It will be found that ample room is now afforded to slip the hand up along the vaginal canal into the pelvic cavity, and enucleate pus tubes, small ovarian tumors, or whatever may exist, and bring them down well toward the vaginal orifice. The segment of the uterus and appendage undergoing manipulation is now well within the grasp, securely held with vulcellum forceps, with the principal source of hemorrhage, that is, the uterine artery secured. The remaining step is to quickly slip an écraseur over the mass, tighten the chain around its pedicle, the broad ligament, and sever it. Each side is treated successively in this way and the operation is practically done. No hemorrhage occurs from the ovarian artery when severed in this way. Two or three catgut sutures are inserted antero-posteriorly through the edges of the vaginal wound, including if possible the peritoneum. Laterally each angle of the wound is left open in which wicks of gauze are adjusted to drain away any serous oozing which may occur, and especially to preserve drainage in case there has been a suppurative condition of the appendages. The vaginal canal is packed with borated gauze which is changed on the second day, and the lateral drainage wicks are removed on the third. Thereafter the vagina is cleansed daily through introduction of a speculum and swabbing with peroxide of hydrogen solution. No fatality has yet occurred in my hands following this plan of operating.

THE SURGERY OF THE HAND.

Injuries and diseases of the hand constitute a department of surgery second to none in importance. The preservation of the hand in all its flexibility and strength means, to the laboring man, food and clothing for himself and family. Its loss may mean poverty and distress.

To those in affluent circumstances the preservation of the hand in all its symmetry and beauty is a boon beyond price.

In the treatment of such menacing septic conditions as phalangeal periostitis, thecitis, and palmar abscess the anatomical relations of the tendon sheaths and the palmar bursa are of the utmost importance. A knowledge of them may enable the surgeon to avert a threatening, disastrous, and destructive septic inflammation.

An ill-advised "incision to the bone" of a superficial septic cellulitis, originating from a punctured wound, may do more injury than if the original site of sepsis were left alone.

It may open up a path for extension of the septic inflammation to tendon sheath and periosteum, where otherwise it might not have reached. The most disastrous and mutilating results now and then

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follow what seem in the initiative to be but slight wounds or scratches. The loss of a single finger is a serious and pitiful mutilation, while the loss of the whole hand and maybe forearm, to say nothing of life itself, is a calamity.

The following case well illustrates the grave sequelæ liable to follow trivial hand injuries: —

A woman sixty-four years of age, while opening a can of ham, received a slight abrasion on the palmar surface of the left hand, near the base of the index finger. A week later the tissues in the vicinity of the wound began to look red and swollen. It was at this time opened, but in spite of this the inflammation extended both toward the end of the finger and up the palm of the hand, finally involving the wrist and forearm to the elbow. Sinus after sinus formed, with copious discharge of foul pus. Enormous thickening of the cellular tissue of the whole hand and forearm accompanied the septic process. The tissues appeared to be totally wanting in resistance to the progress of the destructive disease, except that it never extended above the elbow, nor appreciably involved the axillary glands. Faithful irrigation of the sinuses with peroxide of hydrogen, and daily soaking of the whole hand and arm in antiseptic solutions failed to check the progress of the trouble. January 31, 1896, after four months of patient effort to induce healthy reaction and repair, the contest was given up and the arm was amputated just above the elbow joint. The stump healed without delay. Bacteriological study of the pus showed that the primary infection was probably due to the invasion of pyogenic streptococci, and later there became associated with them staphylococci, diplococci and hosts of saprophytic bacteria of various forms.

The question always arises in such calamitous cases whether anything might have been done in the early stage to check the destructive process. In this case it would appear that no stone was left unturned from the time the physician took the case in charge to antagonize the progress of the inflammation. I am inclined to believe that in such cases the unfortunate sequelæ are due alone to lack of vital resistance on the part of the patient's tissues. The micro-organisms, once in the tissues, run riot and destroy everything with which they come in contact.

BILIARY CALCULI.

This distressing condition is one which is so amenable to modern surgery that I cannot speak in too enthusiastic manner regarding it. Ten cases will be found recorded in the table, with eight recoveries and two deaths. I think I can emphatically declare that in both cases where death occurred it was from too long delay in invoking surgical aid. Scarcely any operation is more satisfactory in its results than a cholecystotomy under favorable conditions, that is, where the abdominal wall is thin, the gall bladder enlarged and pendulous,

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with thickened walls, and containing the calculi wholly within itself, that is, no lodgment of the same in the cystic or common duct. On the contrary, the converse of these conditions renders the operation difficult beyond description. The ideal cholecystotomy is that where the conditions will permit of evacuation of the calculi, immediate closure of the wound in the gall bladder, and also complete closure of the external wound. To do this with safety to the patient, there must be positive evidence of patency of the cystic and common ducts. In the absence of such positive evidence, the fundus of the gall bladder must be sutured to the edges of the external wound, and permanent drainage established. It is sometimes impossible to accomplish this, owing to the diminutive size of the gall bladder and its location far up under the costal cartilages. Even under this adverse condition a drainage tube carried to the vicinity of the fundus with a peripheral packing of gauze readily takes care of bile which may escape, and brings it to the surface so that such a contingency by no means portends a fatal result.

The symptoms usually present in a gallstone case are pain and tenderness in the right hypochondrium, with or without history of gallstone colic (one of my cases which yielded 116 gallstones gave no history which would lead to suspicion of passage of calculi through the ducts), though the presence of such history is a valuable aid in reaching conclusions. Repeated transitory attacks of icterus, with clay-colored stools, also afford valuable aid in reaching a diagnosis, but such may never have been present. A bunch demonstrable by palpation in the right hypochondrium accompanying the above symptoms corroborates most positively a theory of gallstone disease. Such a bunch may exist independently, however, of the above symptoms and may be difficult to differentiate from a tumefied or dislocated right kidney, or intussusception of the ascending colon.

One case where I was inclined to make a diagnosis of gallstone disease, I found, on exploratory incision, an old intussusception, which ended in making intestinal anastomosis instead of cholecystotomy.

Impaction of a calculus in the cystic or common duct is an exceedingly unfortunate complication for both patient and surgeon. Long existence of such a complication in the cystic duct may continue without other symptoms than a dull, wearying, grinding pain, but may finally bring matters to a crisis through accumulation of pent-up mucus within the gall bladder (its natural secretion), until it attains a size which makes it easily apparent by palpation, and sets up menacing symptoms through its gradually increasing distention. It must be assumed that icterus never occurs under this condition, since, if the common duct be still free, the bile continues to flow without obstruction into the intestinal tract.

I have in one case found a calculus so firmly imbedded in the cystic duct that I was obliged to slit the duct open to remove it. This was one of a total of fifty-seven sharp, angular faceted calculi

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which were taken away. The cut in the cystic duct was immediately sutured, and no trouble came from it.

When lodgment of a calculus in the common duct exists, the extreme jaundice which results is usually, with the existence of a gallstone history, a sufficiently positive index of the condition. This constitutes a more difficult complication to manage than the preceding, since the common duct is buried beneath a duplicature of the peritoneum, which must be cut through before it can be reached. It is quite possible to do this, however, within the bounds of safety, though it requires a long incision through the abdominal parietes parallel with the costal cartilages. I have never met this complication in the course of any of my gallstone operations. There was one case which came into my hands for a few days, presenting unmistakable symptoms of common duct obstruction. She refused operation, however, and I am in ignorance of the ultimate sequel.

The following brief histories of selected cases are presented as types of the disease: —

A TYPICAL CASE WITH CHARACTERISTIC SYMPTOMS.

Miss O., thirty-eight years of age, suffered eleven years ago with pain in the epigastrium and right hypochondrium, nausea and vomiting. In the intervening time she had suffered repeated attacks, sometimes following each other with a remission of only twenty-four or thirty-six hours. Transient icterus accompanied these attacks, especially if they were severe or prolonged. Examination of her fæces repeatedly disclosed the presence of gallstones. External examination disclosed nothing, except tenderness on deep palpation over the right hypochondrium. There was absolute absence of demonstrable symptoms of distended gall bladder.

Pathological condition present: —

The symptoms indicated the presence of many small gallstones which passed with considerable frequency and freedom through the cystic and common ducts. The irritation of their passage was sufficient to produce pain and reflex gastric symptoms, but at no time were they productive of complete stenosis sufficient to stop the flow of bile. The transitory icterus indicated a hindrance to the biliary flow but not total obstruction. The presence of the gallstones in the fæces was *prima facie* evidence of the disease.

Operation: —

A vertical incision was made just below the costal cartilage of the eighth rib, of sufficient length to admit the forefinger for exploration. Reaching deeply into the abdomen through this opening, the gall bladder could be felt in its normal location well up beneath the liver, approximately normal in size, but as the finger pressed upon it, it was easily distinguishable as filled with gallstones, which rubbed and grated upon each other. The abdominal walls in this case were exceedingly thick, bearing a layer of about three inches of adipose. The incision was lengthened by carrying it downward and posteriorly

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parallel with the costal margin. With great difficulty and the use of large, broad retractors the edges of the wound and the abdominal viscera were held apart sufficiently to reach the sequestered gall bladder. Pads of gauze were packed about it to further aid in holding away and protecting adjacent loops of intestines, its fundus seized with a pair of bullet forceps, and an opening quickly made through its walls with a pair of long-handled scissors. Seventy-two gallstones, none exceeding a hazelnut in size, and some as small as an onion seed, were removed. They were light yellow in color and all with sharp angles and facets. The appearance of fresh bile discharging from the wound in the gall bladder was conclusive evidence of the patency of the cystic duct, and warranted an effort to make immediate closure of the gall bladder.

The wound in the fundus was repaired, under the adverse circumstances of its inaccessibility, with fine silk. Fearing that there might be leakage of bile, a gauze wick was adjusted leading from the fundus through the external wound. Subsequent events showed the wisdom of this precaution, for in the two or three succeeding days the gauze wick brought to the surface a moderate amount of bile. There was, however, prompt cessation of biliary discharge and rapid healing of the wound with full recovery.

The following brief reference to another case belonging in the same class is worthy of note, in that practically the same symptoms presented, that is, repeated attacks of pain in the right hypochondrium with reflex gastric symptoms, marked jaundice, more so than in the preceding case, and clay-colored stools, with high-colored urine. There was here, as in the preceding case, total absence of evidence of enlargement of the gall bladder, that is, no tumefaction could be felt in the right hypochondrium. I felt on first making survey of the case that we had gallstones to deal with, which was substantiated by inspection of the next fæcal discharge, for in it a gallstone larger than a marrowfat pea was found. It was somewhat angular in shape, and from its size and irregularity would indicate that in its passage through the common duct it would be ample to produce all the pain and biliary stenosis which she had suffered.

Operation was performed, almost identical in detail with the preceding case, and nine gallstones removed.

The patient was sixty-eight years of age, with lowered vitality, and her convalescence was long and accompanied with many threatening complications, but nevertheless she made excellent recovery and is in the enjoyment of good health to-day.

AN ATYPICAL CASE WITH ABSENCE OF ALL SYMPTOMS USUALLY LOOKED FOR IN GALLSTONE DISEASE.

Miss H., aged thirty-six, while in apparently good health, discovered three years ago a bunch in the right hypochondrium just below the costal margin. One year later she began to experience discomfort in the region of the tumor, with slight and transitory dis-

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turbance of digestion. The pain finally became a dull constant ache. She was never jaundiced, never had symptoms indicative of passage of gallstone, never clay-colored stools nor bile pigmented urine.

In the hands of another surgeon her condition had been diagnosed floating kidney, and an operation performed four months before designed to cure that condition.

On examination the bunch which she had discovered three years before was well manifest, presenting in the right hypochondrium well below the costal margin. A vertical cicatrix existed in the right lumbar region, marking the site of her operation, which was performed on the supposition of floating kidney. I felt in grave doubt as to the character of the bunch, but it seemed a warrantable conclusion that if through actual exploration a dislocated kidney had been found and an effort made to restore it, that diagnosis must be accepted. Her suffering, however, had not been alleviated, and with the persistence of the bunch I counseled another operation, to which she willingly consented. In accord with the diagnosis of floating kidney, an incision was made in the right lumbar region, parallel with the twelfth rib and crossing obliquely the original scar. On penetrating the deeper layers of the parietes, the kidney was found in its normal position and had evidently never been out of place. The lower border of the right lobe of the liver was firmly adherent to the old cicatrix, and stitch holes were plainly visible where it had been sutured to the surrounding fascia in the previous operation.

The finger was carried deeply into the wound, which now communicated with the peritoneal cavity, and the bunch was easily reached through bi-manual manipulation, and the true pathological condition readily became apparent. The tumor was the gall bladder enormously distended with gallstones.

The lumbar wound was quickly closed, an incision made in the right hypochondrium directly over the site of the tumor, the gall bladder exposed, incised, and 116 stones removed. Four of these were large calculi equaling a filbert in size. The others were much smaller, and it would seem some might easily have passed through the cystic and common ducts had not one of the larger stones acted like a ball valve in the neck of the gall bladder, so large that it could not pass itself, and effectually checked the entrance to the cystic duct of any of the smaller ones. Very excellent recovery followed.

Another and very similar case was that of a woman of forty-six years who had been in good health up to four weeks prior to my survey of her case. In the intervening period she had suffered nausea, vomiting, diarrhœa, abdominal pain, and feeling of distention. It was looked upon as a severe case of dyspeptic gastralgia until the discovery of a bunch in the right hypochondrium. Careful physical examination showed a movable, well-rounded tumor in the right hypochondrium presenting distinctly beneath the costal cartilages. No history of jaundice could be elicited.

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Exploratory incision was advised and accepted. The gall bladder was found largely distended with accumulated mucus and containing seven large gallstones, closely resembling in color and shape chocolate creams.

Excellent and permanent recovery followed.

Still another phase of gallstone disease is that presented in old long-enduring cases where the continued irritation of the gallstones has set up suppurative inflammation with accumulation of pus. A number of cases of this kind have come under my observation.

Mrs. W., aged twenty-six, of slight physique, had been in her usual health up to two months prior to my relation with her case. During that period she had suffered pain and discomfort in the right hypochondrium, gastric disturbances, with later the development of a well-marked tumor in the right hypochondrium and elevation of temperature and pulse. Though the symptoms were obscure and failed to point conclusively to gallstone disease, yet the threatening condition with presence of distinct tumor led me unreservedly to advise exploratory incision. At the solicitation of the family additional expert counsel was called, which resulted in a disagreement. The advice originally given, however, prevailed, and exploratory incision revealed a gall bladder greatly distended with pus, mucus, and eleven gallstones differing in physical characteristics from anything of the kind I have seen before or since. They were very uniform in size, about as large as marrowfat peas, free from angles or facets, but presented a general appearance singularly like a raspberry or mulberry. Drainage was established, and for a number of days quite a free flow of bile continued through the external wound. Excellent healing finally took place, with good recovery.

Still another case belonging to this category has recently come under my care with such an interesting history that I herewith briefly append it.

Mrs. B., aged eighty, a well-preserved woman of strong constitution, had five years ago what was then termed malarial fever. A hard bunch then appeared in her right hypochondrium, which was lanced, followed by a discharge, the character of which I could not learn from the patient's incoherent statements. A sinus has persisted ever since from which a moderate amount of purulent matter constantly exudes.

Exploratory incision showed a sinus leading directly to the gall bladder, in which were incarcerated several large, almost black, friable calculi. These were removed, followed by great relief, though a sinus still persists from which a slight amount of bile flows daily.

CRANBERRY FOR SMALL BOILS. — For a boil on the end of the nose, where an ordinary poultice would be of no avail, Dr. Carl Seiler recommends a raw cranberry, crushed and laid over the part, and kept in place with a dab of stiff boiled starch. He finds that it will relieve the excruciating pain in a short time, and cure the trouble in twenty-four hours. — *Medical Review.*

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A REPORT OF THREE UNUSUAL CASES OF DISEASE OF THE NERVOUS SYSTEM, TOGETHER WITH REMARKS UPON THEIR CLINICAL MANAGEMENT.

BY JAMES R. COCKE, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

I present to you to-day a report of the treatment of three cases which are unusual, even to the extent of being rare.

My first case, Mr. H——, has visited most of the clinics in Boston for the treatment of nervous diseases. Some years ago he experienced stiffness in the right leg, which extended to the left leg, then the right arm was affected, and the left arm followed.

He complains of various disturbances of sensation, but there is no diminution of either of the muscular, tactile, temperature, or pain senses. He says that when he sways his head he feels numb. When I first saw him the Rhomberg symptom was pronounced. He swayed when he closed his eyes, and his feet were drawn together, and he could not walk in the dark. I beg leave to call particular attention to this, for it is somewhat unusual when there is no impairment of sensation. There was also fibrillary twitching of the muscles, his reflexes were all exaggerated, and there was a pronounced spastic gait. This very curious complexus of symptoms is not explained by anything in his history. Always temperate, and married early in life, he has been in every way an exemplary citizen. The family history is also negative. Without going at length into the differential diagnosis, let me say that a number of eminent neurologists have decided that the case is one of primary lateral sclerosis. The antero-lateral columns of the spinal cord are probably the seat of a hyperplasia of connective tissue, but the extent of this hyperplasia cannot be decided.

The patient was first seen by me on February 24 of the present year, and as the medicines tried upon him at the various hospitals gave no good results, he requested me to hypnotize him. This was readily accomplished in about forty seconds. He was thrown into a condition of profound lethargy; and while in the hypnotic trance he was told that he would be able to walk easily when the trance was dispelled. I did not, let me say, believe that hypnotic suggestion would do him any good. Imagine my amazement then to find that my patient, who came to me walking with great difficulty, could walk and run with comparative ease. The spastic gait was greatly relieved. Since his first treatment his improvement has only been interrupted once, and this was caused by some business anxieties. Whether hypnotism will prove of permanent use in his case, I do not know. That it promptly ameliorated his symptoms there can be no doubt. I have personally no theory to advance which will explain the very rapid improvement. It is, however, possible that the primary disturbance in the spinal cord reacted upon the psychic life of the patient to such an extent as to exaggerate the symptoms of this affliction; and yet one cannot wholly accept this explanation, for

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when the disease came on, and when the spastic symptoms were at their worst, the patient was ignorant of the nature of the disease; hence it is exceedingly difficult to accept an hysterical hypothesis as an explanation of the result. Bernheim has told us, and I have frequently verified this statement, that vaso-motor and other nerve centres can be affected by hypnotic suggestion. Is it possible then that the nutrition of the antero-lateral columns of the spinal cord could have been so improved as to permit the nervous impulses going to and from the brain to pass more readily? I present the facts and leave you to judge.

Case II. Miss —— was referred to me by a Western surgeon. She had been suffering for eight years from a paraplegia of both lower extremities. The history is as follows. Eight years ago there was a sudden suppression of the menses, from taking cold, as she expressed it. A chill and fever speedily followed. Both lower extremities were useless within two days, and in twenty-four hours the arms were in the same condition. The muscles of the right hand underwent atrophy rapidly. Owing to the atrophy of the interossei, the hand presented the flattened appearance of those suffering from progressive muscular atrophy. This atrophy extended about three inches above the wrist and there ceased. In about six weeks the patient regained the use of her left hand entirely, but the right hand still remained useless. To enumerate the various methods of treatment tried by eminent neurologists upon this young woman would be to enumerate everything known to neurological therapeutics. After suspension, electricity, massage, iodide of potash, strychnine, mercury, nitrate of silver, ergot, and many other drugs had been tried, orificial surgery had been resorted to, with some temporary benefit. She did not, however, use her muscles any better. Hypnotism was tried first by me in Chicago, and the atrophied hand showed some improvement. She then came to Boston and has been treated with hypnotism, physical culture, Swedish gymnastics, and general massage. Her condition at present is as follows: —

She can extend and flex both limbs at times. Ab-and-ad-duction are performed with difficulty; and if anything disturbs the patient she will not or cannot use the muscles at all. She claimed that the senses of temperature and pain were absent from the lower extremities, but this I have been able to prove to be incorrect. The improvement within the last four weeks has been so marked that the patient can now assist herself from the bed into a chair. She stands, and will at times use her limbs. I should have mentioned that the reflexes are all exaggerated. The general condition of the patient is good. There have been various diagnoses made. Anterior poliomyelitis, syringomyelia, together with hysterical paraplegia, have been some of the names applied to the patient's unfortunate condition. One thing is certain in this case. The psychical element enters profoundly into the condition. One day the patient will use the diseased hand fairly well, and will get up with ease from a chair,

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and the next day she will not use either the hand or the lower extremities at all. I have given no medicines; relying simply upon hypnotism and the other methods named. While her improvement has been gradual, there have been temporary retrogressions for which I cannot account.

Case III. Gentleman sixty-eight years of age. By profession a journalist. A man of exemplary habits and with an excellent family history. Consulted me first last May and stated that for a year he had experienced stiffness in the left leg. He also declared that he felt generally ill. A thorough physical examination revealed an enlarged liver, the anterior edge of which could be felt a half-inch below the right margin of the ribs. Patient was not seen again by me until July. A tremor of the right hand together with the characteristic muscular rigidity of paralysis agitans had supervened. There was also a good deal of nervous prostration. As paralysis agitans is regarded as incurable, and as the treatment described in the text-books is worse than useless, I determined to try mental suggestion (without hypnotism) and gymnastics. A skilful teacher of physical culture was obtained and the patient was taught to voluntarily relax the rigidity of the muscles. He was also given massage and a cold spray. His general condition improved rapidly. The rigidity of the muscles and tremor were gradually ameliorated and the disease was apparently arrested in its progress.

The reason which led me to try the before-mentioned treatment was that both the rigidity and tremor of paralysis agitans are well known to be temporarily under the control of the patient's will. Unlike many other nervous maladies, this strange disease manifests itself when the patient is preoccupied. The treatment was continued until the first of March, when a severe attack of grippe made it necessary to suspend it; but the symptoms have been greatly relieved, and I trust that these means may be found of permanent benefit in the future.

It will be seen then from the three cases reported that the treatment I have used was first through hypnotic suggestion; secondly, educational; thirdly, mechanical. I believe that many patients suffering from organic disease of the nervous system can be relieved by these three means. They contain in themselves all of the virtues and none of the vices of the various systems of mind cure.

A USE FOR PATENT MEDICINE LITERATURE. — It is a favorite axiom of the optimists that everything has its uses (*Jour. Amer. Med. Ass'n*). But it has remained for the New Mexico Territorial Board of Health to find a use for the patent medicine almanac. In a recently issued circular on the prevention of consumption, among other things, it is advised that "every person so affected should spit into some receptacle and should see that the sputum is soon destroyed by fire. About the house there is no better way than to spit between the leaves of patent medicine almanacs — to be had freely at all drug stores — and after a half-dozen or more spittings burn the book." — *Medical Review.*

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THERAPEUTICS OF PUERPERAL INFECTION.

BY JOHN J. SHAW, M.D., PLYMOUTH, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

In considering the Therapeutics of Puerperal Infection I cannot perhaps do better than to cite a recent case. Mrs. M—— was in labor with third child, other confinements natural.

Was called at 5 A.M.; found moderate pains about every ten minutes, and os just reachable and slightly dilated. Went away and returned at 9 A.M. Found pains somewhat more frequent and os as large as a quarter and dilating. By 10.30 the os was soft and dilatable, the head presenting and everything looking favorable. At every pain, however, I found the bag of amniotic fluid forming behind the head; so that the uterine contractions only served to drive the head against the pubic arch.

At the next pain I therefore ruptured the sac, and the head at once was forced back into the position the sac had occupied and became engaged in the superior pelvic strait.

The head progressed well until it began to press upon the urethra, when the patient began to complain of peculiarly unpleasant sensations in the urethra, these at each pain getting worse, and soon destroying all the efficiency of the pains. Some ether now administered did not relieve. I therefore applied the forceps and, after some quite hard work, I delivered the head. I now found the cord twice around the neck, and so short that it was extremely difficult to get slack enough to get it over the head. Succeeding at length, I now addressed myself to delivering the shoulders.

With extreme difficulty owing to their width, and with grave apprehension as to whether the infant could survive the lengthy ordeal, I finally succeeded.

The child was asphyxiated, but I wiped the face, tickled the epiglottis, slapped the back with cold water, held it by the feet inverted, and dilated the anal sphincter; and it rewarded me by breathing. It weighed nearly fourteen pounds.

With my hand on the abdomen I waited, with resultless attempts to assist expulsion of the placenta at every special contraction, for a half-hour, when the patient began to flow more than I considered safe. I therefore introduced my left hand stripped to the elbow, and found a closely adherent placenta. After careful and systematic work I removed it entire, and injected a syringe-bulb-ful of hot vinegar and water.

The uterus contracted well and there was no further hemorrhage.

The patient has always had a weak heart, and I gave her hot milk and also china. Her condition seemed good, considering what she had passed through. All went well for one hour. Then as I had stepped into the next room, I heard her say that she was sick at her stomach. I at once went to her side and found her pulseless. I removed everything from her head and looked for hemorrhage; but

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there was none, either external or internal. The uterus was well contracted. The trouble was evidently with the heart. I gave her veratrum viride and stimulants. The pulse gradually improved and was fairly good after one hour.

In the evening I catherized and she passed a fairly comfortable night.

Next morning I had the bed and patient's clothing thoroughly changed. The pulse was quite rapid and the temperature a little above normal.

The second morning the temperature was 101.5°, and the odor of the discharges quite noticeable. I therefore gave her a thorough uterine douche of mercuric bichloride, one to five thousand. As the flow was quite moderate, I gave pulsatilla with an occasional dose of lachesis. At night I gave a vaginal douche of the same strength as the morning douche.

The third morning the temperature was better, but I repeated the uterine douche. After this time, as the temperature was only 99° to 99.5°, she received twice daily a vaginal douche of the mercuric bichloride. This was continued for about one week, when the temperature being normal it was discontinued. She received at various times china, hamamelis, and veratrum viride, and I had the bowels bathed with a mixture of equal parts of spirits turpentine and olive oil.

I am aware that the treatment is open to the objection that we cannot tell what, if any, was the one effective measure. The object, however, was to succeed in curing the patient, and this was accomplished. Although many measures were used, I believe the uterine douche was the one indispensable agent in the cure. The other measures were advantageous, but only as adjuncts.

In treating any disease the first and most important indication is to remove the cause.

In many cases this cannot be done; but fortunately in cases of puerperal infection this can usually be effectually accomplished, since the decaying débris of labor is generally the *causus morbi;* and this once thoroughly removed, the change in the condition is immediate and marked.

In washing out the genital tract I use the merc. bichlor., because I know of nothing that will take its place. When used in a strength which is comparatively safe it is still strong enough to destroy at once the infectious character of the contents of the uterus, if we do not succeed in washing it entirely away. It is almost, if not quite, as effective as curetting, and at the same time is not followed by so much constitutional disturbance.

It is generally my custom to give this douche twice daily, until the temperature is below 100°; then once daily, until it is not above 99°.

I usually use about a quart of a 1 to 5 or 6000 bichlor. solution, and I always follow it with about a pint of boiled water. In this way I feel confident that I may prevent the danger of poisoning my

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patient. I have used it many times and have never seen any bad results.

If this cleansing is done soon enough, there will be no occasion for other remedies. If sufficient absorption has taken place so that the temperature does not drop as it should, verat. vir. in 13 to 15 drop doses hourly is an efficient aid.

The benefit of lachesis in counteracting the effect of septic infection cannot be questioned, and china or even quinine may be valuable in cases where there is a tendency to chills.

The administration of proper nourishment should not be overlooked. In many of these cases there is either pronounced nausea or a tendency thereto. When such is the case it may become quite difficult to induce the patient to take the requisite amount. Milk or milk and egg beaten together are excellent, or where there is nausea some of the manufactured foods do well.

Among these Mellen's food, malted milk, and especially beef peptonoids, diluted to thinness by milk or water, will often remain on the stomach when nothing else will, and when the stomach absolutely refuses nourishment, the beef peptonoids is one of our most effective means for rectal feeding.

Most old-school authors recommend alcoholic stimulants in comparatively large quantities. I do not use them except occasionally in case of collapse or much tendency thereto, and then only for a short time, until the urgent symptoms are past. Their continued administration seems to me to increase the fever without giving any compensating advantage.

THE "DRY METHOD" IN PUERPERAL SEPTICÆMIA.

BY GEORGE H. EARL, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Two prominent items in the treatment of puerperal infection are the use of the curette and the douche. Drugs, stimulants, food, and all other measures together have not caused the amount of discussion that has been accorded to either the douche or curette. It is not the object of the present paper to discuss the use, or abuse, of the curette. I believe it to be invaluable, both as a means of diagnosis and treatment. It is the only proper means of diagnosing the presence or absence of retained bits of placenta and the like, in an infected uterus following labor at term, and the best means of removing them. Mundé's large dull curette is the best instrument for the purpose. It has a broad end, is not sharp enough to cut, and yet has edge enough to remove anything which should be removed.

As to the use of the douche, that has been much more abused than the curette, and is, I believe, a more potent agent for harm. There seems to be an impression that, given an infected uterus, it is only necessary (either with or without curettment) to give an intra-uterine

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douche. The addition of a tablet of bichloride of mercury makes it absolutely certain that the last germ has been destroyed. This is as far from the truth as possible, and in many cases only succeeds in effectually balking nature's efforts to save the woman. What are the actual conditions and dangers, and what the indications for treatment?

There are present certain germs, which by their rapid multiplication produce poison enough to endanger the woman's life. If we can stop that multiplication, we can save the woman. It is an axiom that "in the multitude of germs there is danger." These germs require warmth and moisture in order to multiply. Deprived of either one the danger ceases.

The dry treatment, then, is what I would advocate in all cases, when it is practicable, in place of the douche. It is more often applicable to cases of infection following abortion, than in those following labor at term. These ideas have been recently advanced in a magazine article, but have been in practical operation by the writer during the past year with most gratifying results. The two lines of treatment may fairly be likened to two methods of taking a city in war; one by bombardment and assault, and the other by siege. The first accomplishes the result, but at the expense of great damage to the city. The second is no less sure, and offers no violence.

Continued douching is bad in its effects, and yet that is exactly what must be done in many cases to hold the poison in check; whereas one effectual dry packing is apt to finish the matter. The dry treatment can be substituted in almost, if not all cases following abortion; but in cases following labor at term, with a very large and tender uterus, the douche has a place. As much of the improvement which often follows the douche is probably due to the uterine contractions which it produces, as to its cleansing and disinfecting properties. In fact, the production of uterine contractions is of itself of the utmost importance. It closes the avenues for absorption, and expels the uterine discharge. Beginning resistance at the internal os, which has previously offered no obstruction, is positive evidence of improvement, and sometimes the first to be noted. All this is in accord with the modern dry treatment of wounds. While the douche tends to excite contractions at the time, its effect is transitory; while a dry packing is a constant stimulus to the uterus to contract. By the dry treatment, too, provision is made for drainage, also a most important matter. A single case will illustrate the treatment. Mrs. M——, age thirty, mother of four children, miscarried at about four months, as the result of a kick in the abdomen from a drunken husband. She had been flowing about a week before the fœtus was expelled. There was retention of a portion of the placenta, foul discharge from the uterus, headache, tenderness over the uterus, pulse 110, and temperature 103°. She was seen three days after the expulsion of the fœtus. The surroundings were as unfavorable as possible, and there was absolutely nothing in the house to "do with." A tolerably clean bowl and some good yellow soap were secured

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from an obliging neighbor, and with cold water, soap, and some absorbent cotton the cleansing process was begun at the vulva and carried to the os. The vagina was then dried and packed with dry cotton. The next day, armed with curette, dressing forceps, speculum, iodoform gauze, peroxide of hydrogen, the cotton was removed and the vagina swabbed with peroxide, the uterus curetted, swabbed with peroxide, wiped dry with iodoform gauze, and the case left with no further treatment. The temperature the next day was normal, and remained so. This treatment is what is given such cases as they occur in the dispensary practice, and so far with uniformly good results. The advantages are that with only the fingers, some dry cotton, and a piece of soap you can prepare the case for operation, and leave the woman in safety until the other articles needed are secured, and that the entire treatment can be carried out with what can be taken to the case in an ordinary bag. No complicated douche apparatus and no syringe, which is so hard to keep clean, is used, but still the indications are all met. The germs are deprived of the necessaries of life and disappear.

The following cases will illustrate the frequent course of a case treated by douching. Mrs. W——, with the usual symptoms of infection, one week after labor at term. Temperature 104°, pulse 120, headache, thirst, dry mouth, no appetite, slight delirium. Uterus large, fundus above umbilicus, tender. Dirty brown, ill-smelling discharge. Curette showed nothing in uterus. Washed out with a solution of permanganate of potash. Next day symptoms were somewhat improved. Douche repeated. After three or four days temperature normal, and condition correspondingly improved. Douche was omitted, and in a few days all the unfavorable symptoms returned. Douche resumed with same result as at first. This see-saw was continued for nearly three weeks, when the woman went to the hospital. I am confident that one or two thorough treatments by the dry method, wiping out, swabbing with peroxide, drying, and packing would have brought about prompt recovery.

A CASE OF CEREBRAL TUMOR.

BY N. R. PERKINS, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

September 25, 1893, I was called in the night to see H. W., a tall, slim boy of fourteen. He had vomited profusely a watery mucus and some partially digested food. He was weak, pale, and excited, pulse one hundred, temperature normal, had been feeling well the previous day. I thought it a case of indigestion, prescribed for him, and went home. In a few days he had apparently recovered and was in school again, yet he looked pale, was languid, and far from being well. October 12 he had another attack of vomiting, which soon passed off, and he again returned to school. During the

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months of November and December he was in school a portion of the time. He had recurring attacks of vomiting, and after each attack a few days' confinement to the house, a portion of which time was spent in bed. During these months he had days of severe headache, sometimes in the forehead and sometimes at the occiput. During the month of January he failed some, was confined to the house; more attacks of headache and more of the vomiting. The headaches were now principally at the base of the brain. During the latter part of the month there developed a double vision.

February 12, Dr. J. H. Payne saw him in consultation, and found atrophy of the optic nerve of the R. side, and suggested as a possible cause either tuberculosis or a tumor at the base of the brain. As the family history showed entire absence of hereditary tuberculosis, I felt the cause must be a tumor. After stating the case fairly to the parents, and what I thought would be the ultimate result, the case passed from my hands, and until May 10, when he died, he had treatment of various kinds.

All the physicians who treated him pronounced his sickness stomach trouble, and there left it. One old school physician, in particular, scouted the idea of there being any disease of the brain. On the day of his death, the father was in the city, and as the patient suddenly grew worse, the mother sent for me, but on my arrival he had passed away. During my observation of the patient, the temperature remained normal, pulse had little variation from normal, bowels a little constipated; his mind was always clear, and during the severest paroxysms of pain he would greet me cheerfully. On the evening of the day he died I asked for an autopsy, and it was reluctantly granted. The day following, Dr. N. L. Damon, in the presence of Dr. R. K. Noyes and the writer, made an autopsy, a partial report of which is here presented.

On removing the calvarium, the dura mater, at the site of the occipital protuberance, was seen to be the seat of arterial injection. The right optic nerve was considerably smaller than the left. On section of the cerebellum a mass, resembling brain tissue in structure, but darker in color, was found. It was oblong in shape, and measured about three quarters of an inch in breadth, and an inch and a half in length; it was surrounded by a zone of hemorrhagic extravasation, and could be shelled out of the surrounding tissue. Its exact location was in the centre of the cerebellum, extending across from the corpus dentatum of one cerebellar hemisphere to that of the other, about midway between the anterior and posterior incisura cerebelli, passing directly through the vermiform process transversely, just above the roof of the fourth ventricle. The only other abnormality noticeable was a distinct reddening and thickening of the descending and transverse portions of the duodenum. It was intended to preserve the tumor for microscopical examination, but unfortunately it was destroyed. It corresponded in appearance, however, to the variety of growth known as glioma.

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Now the pertinent question I would ask is, are we careful enough in these cases to make our diagnosis early, and to make it carefully, and, too, are not a large proportion of the cases of choked disk or optic neuritis, and atrophy of the optic nerve due to some disturbance at the base of the brain? And when we find these cases of choked disk, is it not quite a sure sign of an intracranial tumor?

I quote from the "American Year Book of Medicine and Surgery" for 1896: "Bramwell, in his monograph on brain tumors, states that in eighty per cent of cases of cerebral tumor, optic neuritis or choked disk is a symptom. And in an investigation of 140 cases, Wilder finds that there were 104 cases of optic neuritis, 74.35 per cent. The most frequent cases were sarcoma and glioma (ninety cases). The most frequent sites were the motor convolutions and cerebellum. The apparently more frequent appearance of optic neuritis in cases of sarcoma and glioma is to be explained by the fact that these tumors infiltrate and irritate the brain substance to a greater extent than the more circumscribed forms that exert their malign influence only by pressure. Regardless of the nature of the growth, tumors in the cerebellum most frequently cause optic neuritis." And is not atrophy of the optic nerve a frequent sequel of optic neuritis? Evidently here was a case of optic neuritis caused by the tumor at the base of the brain. Was the atrophy caused by the pressure from the tumor, or did it result from the neuritis?

HANGING, FASTING, AND BURIAL AS AN EXHIBITION. — In the British Medical Journal for May 16 a correspondent writes that there is at present in Paris an exhibition of a hanging and fasting man which attracts large crowds. A man named Durand is attached by a cord to the ceiling; he is dressed in a blouse, with a red muffler round his neck. His head is bent toward his chest. His face is thin and bony and appears convulsed, his eyes are almost shut, his veins are swollen, and the complexion is ashen. The arms drop down at a little distance from the body; his hands are contracted and his fingers are bent. The veins are so swollen that they seem on the point of bursting. The legs hang straight and stiff. This barbarous spectacle, says the writer, is served up with an accompaniment of music. It is observed that when the music strikes up the hanging man is seized with painful convulsions. In this position he will remain for thirteen days; after that trial he will remain buried for a year, and will then take his place among the living. The rest Durand takes in his hanging position consists in leaning against a ladder which is placed in a position to permit him to doze without in the least changing his attitude. During this time he is rubbed with a sedative lotion and inhales ether. No food of any kind is taken. — *New York Medical Journal.*

A PROCESS has been patented in Germany for making a substitute for the natural skin for use in wounds. The muscular coating of the intestines of animals is divested of mucous membrane, and then treated in a pepsin solution until the muscular fibres are half digested. After a second treatment with tannin and gallic acid a tissue is produced which can take the place of the natural skin, and which, when laid on the wound, is entirely absorbed during the healing process. — *Medical Times.*

THE Roentgen Rays kill tubercle bacilli, according to a report made to the Académie des Sciences by Messieurs Lortet and Genoud. — *Exchange.*

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

If Americans do not draw permanently nearer to the Mother Country this year, in heart and in thought, it will be the fault neither of English hospitality, nor of our appreciation of it.

An old representative military organization made, in the early summer, a trip to England, to receive a welcome that not only they, but their countrymen, must hold in fraternal remembrance for many a passing year. In midsummer American homœopathists, in very creditable and gratifying numbers, made a like journey, to receive from their British *confrères* a welcome not less memorable. The International Homœopathic Congress, held in London during the week beginning Monday, August 3, was a thorough, definite, and unqualified success. In all the objects which such a Congress can serve; in the exchange of opinions and experiences; in the promotion of fruitful interest in scientific studies; in the bringing together of fellow-workers whose work is done under many skies and many differing conditions; in the renewing of old friendships, the forming of new ones, the melting away of misunderstandings in the crucible of genial personal intercourse, — in all these, and many other ways not less worthy, the International Medical Congress served noble and successful purpose. Endless praise is due to all those having the affairs of the Congress in charge, but especially to Dr. Alfred C. Pope, Dr. Richard Hughes, and Mr. Dudley Wright, to whose indefatigable and wisely directed labors was due so much of the unjarred facility with which the Congress moved to the goal of success. From the report of the Congress in the *Monthly Homœopathic Review* we make the following excerpts: —

"At the inaugural ceremony a reception by the president of the Congress and Mrs. Pope was held in the Queen's Hall, Langham Place, on Monday evening, the third ult. This was very largely attended, and the evening passed most pleasantly. The majority of our foreign guests took this opportunity of introducing themselves to the officers of the Congress, and to their English brethren. Aided by the cordial welcome accorded to one and all by the host and hostess, visitors rapidly formed friends, introductions were exchanged, and our British *confrères* were soon engaged in friendly converse with

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their colleagues of many nationalities. The president's reception seemed to strike the keynote of all the meetings of the week, when our visitors then experienced the reality of that hearty welcome which it had been the earnest desire of the officers of the Congress and the members of the British Homœopathic Society to accord them.

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"On Tuesday afternoon the members of the Congress with their friends assembled in the Queen's Hall to hear the president's address, with which the business of the Congress opened. The audience, perhaps the largest obtained at any of the meetings, showed a well-marked interest in the subject discussed. At its conclusion Dr. Bushrod James, of Philadelphia, Dr. McClelland, of Pittsburgh, Dr. Leon Simon, of Paris, and Dr. Villers, of Dresden, were elected honorary vice-presidents. Reports of the history of homœopathy in the various countries of the world and its present condition in each were then presented, and a very interesting discussion on the 'Condition of Homœopathy at the present time, and the best means of furthering its cause,' ensued, in which many of our colleagues from abroad took part.

"On Wednesday, Thursday, and Friday meetings and discussions were held each morning at the London Homœopathic Hospital, and every afternoon at the Queen's Hall, Langham Place. The essays presented were not read, but printed copies were to be obtained by those wishing to take part in the discussions, and a *précis* of each paper was given by the president, who then called upon the opener, appointed for the occasion, to commence the debate.

"These arrangements worked admirably, and much time was thereby saved. Hence the speeches were in quality far above the average, and the speakers were terse and incisive in their remarks; for those who spoke had previously studied the essays under discussion and so knew precisely on what points they wished to touch. It is to be hoped that these methods will be adopted at future meetings of our British Congress.

"The debates were of value and importance. Two indeed were found to be so engrossing that at the earnest request of several of our foreign brethren they were adjourned, to be continued early the following day. The subjects in question were: *A Posological Law*, by Dr. Simon, of Paris, and on *The Action of the Specifics of Traditional Medicine;* the latter debate being based upon papers by Dr. Hansen, of Copenhagen, entitled *The Action of Mercury and Iodine in Syphilis;* by Dr. P. C. Majumdar, of Calcutta, on *Intermittent Fever* (with special reference to the action of quinine), and one by Dr. Richard Hughes, on *The Action of Colchicum and other 'Specifics.'*

"Especially valuable were the discussions which followed the papers by Dr. Goldsbrough, of London, on *Hahnemann's Doctrine of Chronic Diseases*, also those by Dr. Schley, of New York, and Dr. Ord, of Bournemouth, *On the Value of Pathology and Sequence of*

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Symptoms respectively in the Selection of the Remedy, and by Dr. Gilchrist, of Iowa City, U. S. A., on *Homœopathic Vulneraries.* The Materia Medica experts delighted in discussing the paper by Dr. Washington Epps, of London, on the *Pathogenesy and Therapeutics of Aurum;* those by Dr. Cartier, of Paris, and Dr. Arnulphy, of Chicago, on *Tuberculin and its Congeners;* and that by our colleague, Dr. Clarke, of London, on *The Place of Animal Extracts in Homœopathy.* Amongst the surgical and special subjects debated were essays on *Appendicitis*, by Dr. Horace Packard, of Boston, Mass.; *Aural Vertigo*, by our *confrère*, Mr. Dudley Wright; *Amenorrhœa*, by Dr. Burford, of London; and *Strumous Ophthalmia*, by Dr. Bushrod James, of Philadelphia.

"Verbatim reports of the debates are to be published in the forthcoming volume of Transactions of the Congress, one which will form an invaluable fund of information regarding the latest phases of thought on these and many other topics, and we hope that not only all who attended the meetings, but many also of our colleagues who were prevented doing so, will obtain copies.

"On Thursday afternoon, August 6, the Board of Management and Staff of the London Homœopathic Hospital invited the members of the Congress to view the wards and building. A large number availed themselves of this invitation, and many were the expressions of surprise and pleasure heard from the lips of the visitors at the completeness and admirable arrangements of the new hospital. Indeed, the American surgeons were especially complimentary at the thoroughly scientific and up-to-date character of the building and its appliances. Such praise is praise indeed coming as it does from a country which boasts of many homœopathic hospitals, some even exceeding in size our vast metropolitan institutions. This valuable testimony to the efficiency and completeness of our London Hospital will be especially welcome to those who, amidst much difficulty and some opposition, have by their labors raised an edifice of which not only London but British homœopaths generally may be proud. Indeed, no small part of the success of the Congress has been due to the efforts of the staff of the hospital in arranging operations, clinical demonstrations, and exhibitions of rare and interesting cases during the week, and the cordial thanks of all members of the Congress are due to them for their exertions, as they are also to the Board of Management for so kindly placing the board room at the disposal of the Congress for the forenoon meetings, and to both for their friendly hospitality on Thursday afternoon.

"On Friday evening, August 7, a dinner given by the President and Council of the British Homœopathic Society to the members of the Congress was held in the new banqueting hall of the Hotel Cecil, Strand. This and Dr. and Mrs. Pope's reception were the two great social functions of the week, and in their results were most gratifying.

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"The next International Congress is to be held in Paris in four years' time, 1900 being the date fixed for the great French Exhibition in that city."

American physicians — and surely they will be many! — desirous of obtaining a copy of the Transactions of the Congress are urged to address, *at once*, as the number of copies printed will be limited, Mr. Dudley Wright, 55 Queen Anne Street, W., London, Eng. These Transactions, representing, as they do, the latest and most authoritative utterances of the best-known homœopathists, cannot fail to be of the very greatest interest and value. No homœopathic physician can afford to forego acquaintance with them. The price of the volume will be ten shillings.

The president's address, by Dr. Alfred C. Pope, was worthy alike the occasion and the distinguished speaker. Its theme, "The Influence of the Therapeutic Teaching of Hahnemann in 1796 upon the Study and Practice of Medicine in 1896," was in breadth of scope and dignity of treatment especially appropriate to the most significant event of our so significant centennial year. Space forbids our quoting at such length as either our will or justice to this admirable address demands; but the following too brief selections will give our readers at least a taste of its quality: —

"The period of time at which our Congress assembles is one full of interest. Looking back one hundred years, we find that the year 1796 was one during which an indelible impression was made upon medicine, both in its preventive and curative aspects. To England belongs the glory of the former; while that of the latter, far wider in its scope, pertains to Germany.. It was in 1796 that Jenner, a general practitioner in a small country town in Gloucestershire, first demonstrated the efficiency of a measure which has, during the century, been the means of saving the lives of millions of human beings by rendering them proof against a disease which had previously caused an amount of misery and sorrow which is simply incalculable. Of vaccination, I would further remind you that Hahnemann, in an essay published at Gotha — just three years after the appearance of Jenner's *Inquiry into the Causes and Effects of the Variola Vaccinæ* — said: 'It is only in accordance with my well-known maxim (the new principle) that smallpox, to give one example from among many, has an important prophylactic in the cowpox.' That vaccination does afford an illustration of the truth of this principle is admitted even by those who are pronounced opponents of homœopathy, and ignorant of the literature expounding and defending it. So lately as last October, Sir George Humphry, in an address before the Oxford Medical Society, said: 'I have often wondered that the advocates

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of the *similia similibus*, in their vain endeavors to find some reasonable ground for their theory, did not alight upon or make more of the practice and results of vaccination, coupled with those of inoculation. Here was to hand the unmistakable evidence of a disease being hindered or prevented or stopped by the modification — by the like, that is to say — of that which caused it. Prevention and cure are near allies, and was it not possible — indeed, probable — that cure might be effected by means like those which staved off the disease?' Would that the Regius Professor of Surgery at Cambridge, and others of similar therapeutic views, would but take John Hunter's advice to Jenner when the latter told him of what he thought that he had discovered, and not merely 'think, but try.'

"By Hahnemann the year 1796 was rendered notable in the history of medicine through the publication in Hufeland's *Journal*, during the course of it, of that essay, the principles contained in which were destined to revolutionize the practice of medicine, which have to a large extent revolutionized it during the first century, throughout which a knowledge of them has been within the reach of members of our profession, and which will still further revolutionize it during that on which we are entering.

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"In the first of Hahnemann's Essays, in which he set forth the principles which he considered necessary to accomplish a complete reform in therapeutics, I have shown you that he dwelt upon the following topics: —

"The necessity for a reform in therapeutics.

"The displacement of venesection from the category of remedial agents to the subordinate position of a palliative, to be used only in the absence of any knowledge of rapidly acting specifics.

"The nature and need of medicines which should act specifically.

"The study of drugs by experimental inquiries into their powers of modifying the health of the body.

"Their clinical application by the guidance of the principle *similia similibus curentur.*

"Their administration singly and in small doses.

"How far, I proceed now to inquire, have the principles here sought met with acceptance from, and been indorsed by, the teachers of medicine in our own time?

"With regard to the need of therapeutic reform, not only in Hahnemann's day, but amongst those who in our own professedly repudiate his teaching, the consensus of opinion is enormous. Moreover, it is so well known that I might be excused from further mentioning it. I will, however, quote one sentence from the pen of a physician of great learning and large experience; one, moreover, who I believe is truly desirous of improving the therapeutic art, could he but see how to do so without involving himself in an acknowledgment that the teaching of Hahnemann was sound. Speaking of therapeutics, 'Our ideas,' says Dr. Lauder Brunton, 'are

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often hazy and indefinite. We give medicine at random, with no defined idea of what it should do, and trusting to chance for good results. When a remedy fails in its work we can give no reason for the failure. We do not even seek out a reason.' Hence, as the late Sir Andrew Clark said of the treatment of disease, 'this the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition.'

"Surely such opinion from such men abundantly justifies Hahnemann's desire for 'more light,' and his repudiation in their entirety of the therapeutic measures handed down disguised as the 'wisdom and experience of 2,000 years.'

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"The most striking illustration of the trend of opinion of the necessity of giving a specifically acting remedy in a small dose appeared a couple of months since in the *Lancet* (May 30), in a communication by Dr. Lauder Brunton. He gave opium in constipation. He seems to have given it at first indiscriminately to his hospital out-patients complaining of constipation, as he would have done an ordinary aperient — compound rhubarb pills, powders of jalap and scammony, or senna draught. Opium is not an aperient save to those conditions on which it acts specifically, — conditions, *i. e.*, the like of which it will produce. Hence, we are told, the 'results were very uncertain. In some cases it acted, but in others there was no action at all.' Just what might have been expected. However, in one case, a private one, it seems to have been specific, or, in other words, homœopathic. In this case Dr. Brunton says: 'I did not know exactly what dose to give and prescribed one minim of the tincture of opium every night. A week afterwards I had a report from the patient's husband to say his wife was no better. I replied, "Double the quantity." In a few days the report came, "She is rather worse." I then wrote to say, "Give her half the first dose." Three or four days afterwards I had a letter to say that the last medicine acted well, if anything a little too violently.' This is exactly the experience which every physician must have who does not recognize that, when giving a homœopathically selected remedy, the dose must be smaller, very much smaller, than any he has been accustomed to order of one that is antipathically chosen.

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"'Scientific truth,' said Dr. Wilks at the reopening of Guy's Hospital Physical Society at the beginning of last session, — 'scientific truth none can withstand.' We all know how that throughout the century every obstacle, every obstruction that envy, hatred, malice, and ignorance combined could devise has been placed in the way of the promulgation and illustration of Hahnemann's teaching, and yet the first principles of that teaching have permeated the minds of the more thoughtful and cultivated members of our profession. At this moment, of its two most important features, one is, on the highest authority, declared to be of the greatest consequence to the progress

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of the healing art; but inasmuch as it is incapable of clinical application without the other, it has been 'thrust out of the door'; for has not 'authority' declared this other to be everything that is scientifically repulsive? 'Truth,' says Lord Bacon, 'is the daughter of time — not of authority.' When the truth of the second part of the therapeutic doctrine that Hahnemann enunciated in 1796 is acknowledged, as in 'time' it will be, then, and not before then, will pharmacology, to continue Dr. Clifford Allbutt's illustration, 'return by the window.' Then, but not before then, will the 'brilliant future' predicted for it be rapidly and completely realized.

"Then, in the words of him who has been well described as the Cicero of English medicine, then will the therapeutic and crowning department of medicine have been brought up to a nearer level with those which are strictly ministerial and subservient thereto.

"Finally, then too will be recognized the true greatness of the work which Hahnemann accomplished for the art of medicine. Then will he, throughout the entire profession of medicine, be regarded, as all who have studied his life of earnest and successful labor, of self-sacrificing devotion to duty, and of zeal in striving to perfect the noble mission to which our lives are consecrated, regard him now, as one worthy of all the honor with which we can enshrine his memory."

EDITORIAL NOTES AND COMMENTS.

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A New Therapeutic Use for Muscular Exercise, which if it receive clinical confirmation will prove of very great value indeed, is thus described in an article recently quoted by the *British Medical Journal*, from *La Semaine Médicale*: —

"Frenkel describes a method of treating certain motor disturbances such as paralysis agitans, Sydenham's chorea, convulsive tic and aphasia, by subjecting the muscles affected to a process of reëducation by means of a series of graduated systematic exercises. A reflex influence is thus exerted on the nerve centres presiding over these movements. Care must be taken to ascertain the manner of the manifestation of the ataxy, the peculiarities of its extension, and degree of intensity. The exercises are at first very simple, and are afterwards replaced by more complicated ones, according to the nature and progress of the case. The muscles of the trunk play an important part in locomotion and must not be overlooked. Results vary, but are sometimes remarkably good. A case is quoted in which a patient had been seven years bedridden who now walks well, with no signs of ataxia. Improvement is found to be limited to the movements directly affected by the exercises, and can only be explained by the assumption of a favorable influence exerted by the

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treatment upon the functions of the brain. For instance, in paralysis agitans the cause of the disturbance is generally thought to be in the central nervous system; the cerebral symptoms are, however, probably reflex, and the affection really of peripheral origin. The patient is made to endeavor to contract the affected muscles during one or several sittings daily. The muscular rigidity gradually disappears, and patients who have been for years unable to move acquire power to walk and move the head and even to write. In chorea, patients are required to execute the same movements which result in the choreic spasms, endeavoring to transform involuntary into voluntary movements. Considerable improvement has been effected in cases of convulsive tic by the same method. It is obvious that the treatment is only useful when the subcortical or spinal organs of transmission are intact. Myelitis, multiple sclerosis, or spasmodic paraplegia receive no benefit from it."

THREE CODES OF ETHICS — that of the American Medical Association, that of the American Institute of Homœopathy, and that of the National Eclectic Medical Society — are offered to the consideration of the profession and the public, in a neat little volume recently issued by the Illustrated Medical Journal Company, of Detroit. In giving a comparative study, however brief, to these three "codes," rather odd, perhaps rather heterodox, notions must, it would seem, cross the mind of every unprejudiced thinker.

There was once a time when a "Guide to Polite Conversation" and a "Guide to Polite Letter-writing" were to be found in the libraries of not a few men and women of education and common sense; and the queer, stiff little formulas such queer, stiff little books contained were followed as not only safe but necessary guides to truly elegant speech and correspondence. Nowadays such books are relegated to the bureaus of the 'Arrys and 'Arriets of the butler's pantry and the area kitchen. Men and women who cannot carry on a conversation or write a letter from the dictates of their own common sense and good breeding are expected to refrain from doing either in the society of gentlefolk. In glancing at the paragraphs upon the closely printed pages which comprise these codes of ethics, — or two of the three codes at least, — said pages crowded with "shalts" and "shalt nots" mandatory to the physician who is supposed, however fallaciously, to be an educated thinker and a well-intentioned person, one cannot help wondering if the time can be very far when such "codes" will share the fate of the "guides" above mentioned, and be relegated to the use, as surely they seem

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adapted exclusively to the needs, of medical kindergartens, if such there be. Beside the first two "codes" here printed, it cannot fail to strike the reader that the third — that of the National Eclectic Society — has a refreshingly virile, sensible, adult ring: —

"The common rules and maxims of morality which are enjoined in the Bible, and have been recognized by the wise and virtuous at all times and in every civilized country, are comprehensive enough in their scope, and sufficiently dignified in form, to meet all the contingencies and emergencies which, in a moral point of view, are likely to arise in the transaction of business and the interchange of thought and sentiment between man and man."

The common sense of the situation could hardly be better expressed. And if a physician of to-day be not capable of governing or inclined to govern himself thereby, we doubt if any amount of police regulation will greatly improve his manners or his morals. Whittier says of Charles Sumner: —

"The fair large fields of Right, he saw
Beyond the bigot's narrow bound:
The truths he moulded into law,
In the Beatitudes he found."

As it was with the statesman, so should it be with the physician, and as it grows so to be, will these childish Blue Laws known as "Codes of Ethics" be stricken from the record books of societies composed of grown-up men and women. As to the laws laid down for the behavior of patients, how they could ever have been framed, save by some mischief-loving humorist, or why they are retained, save that humor among physicians is under anæsthesia, are conundrums past solving. Fancy seriously writing down and thereafter tenderly preserving the resolution that "A patient should, after his recovery, entertain a just and endearing sense of the services rendered him by his physician!" Shades of Edward Lear and the Nonsense Book!

Reformation by Platoons — which is growing to be more and more the method and the fad of modern sociology — is rather drolly illustrated by the "New Woman's Society," whose aims are thus set forth in the news columns of a Boston daily: —

New Woman's Society. — New York, September 22. — A new woman's society has been formed by the enterprising Miss A. Barnard of 65 East Fifty-ninth Street, the object of which is the prevention of hereditary diseases. It is called the S. P. H. D., and was founded last March.

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The purposes of the society are best set forth by certain sections of the constitution, to which every one seeking membership must unquestionably subscribe: —

"We, the members of this association, believe it to be a crime against society and future generations for certain persons to marry. We each solemnly pledge ourselves not to enter into any matrimonial alliance with any person whose family is subject to such hereditary diseases as consumption, insanity, or the appetite for strong drinks, knowing that each individual is responsible for the physical perfection of hundreds yet unborn."

It may be the hopeless old fogyism incident on rapidly advancing years; but it somehow seems to us that the resolutions of the individual woman toward her children still unborn — we may add, still matrimonially unpledged — are not exactly matters to be embodied in a constitution, or made the subject of motions to be discussed before the house. The welfare, physical and otherwise, of posterity is undoubtedly a theme for prayerful consideration; and marriage with a partner of unfortunate heredity is without doubt a factor in the problem of very great weight indeed. These things, however, may be investigated, comprehended, resolved upon, so far at least as personal and individual action is concerned, as well in the chamber as in the committee room, and perhaps with better results to the race; at least in the opinion of those who believe that modesty and common sense in the mother, as well as sound physical health in the father, go, in the fine old Spartan phrase, to "the making of a noble child." It must be pointed out, too, that in the interests of that humor which is so marked and so saving a characteristic of Americans, the new society should discourage from prominence among its pledge-taking members, ladies, let us say, of fifty years and upwards, and those who up to a similar age have not been — successfully at least — solicited to enter the matrimonial state.

REVIEWS AND NOTICES OF BOOKS.

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PRACTICAL DIAGNOSIS: THE USE OF SYMPTOMS IN THE DIAGNOSIS OF DISEASE. By Hobart Amory Hare, M.D., B.Sc. Philadelphia: Lea Bros. & Co. 1896. 573 pp.

Dr. Hare's book lays just claim to being "practical." Like Finlayson's excellent work on the same subject, it is "written upon quite the reverse of the plan ordinarily followed." The physician need not, with this book as his consultant, first make his diagnosis and then search for its confirmation, or the reverse, in the printed pages, too often finding himself in the wrong, and, at great cost of time, being obliged — as Dr. Hare, with deliciously ironical humor, puts it — to "make another guess, and read another article." In the present volume the plan followed is to first discuss the symptoms used in diagnosis, and let these naturally lead to the determination of the character of the disease through them manifesting itself. "Thus, if the patient is vomiting, in the chapter on vomiting will be found its

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varied causes and its diagnostic significance, and the differentiation of each form of this affection from another." It will be seen that the good old "totality-of-the-symptoms" idea, so long and successfully utilized by homœopathists in making their prescriptions, is here utilized for making diagnoses; it may be predicted with as fortunate results.

The book is divided into two parts: 1. "The Manifestation of Disease in Organs," with such subdivisions as "The Face and Head," "The Hand and Arm," "The Thorax and its Viscera," etc.; thirteen chapters in all. The second part, comprising nine chapters, deals with "The Manifestation of Disease by Symptoms," and has such headings as "Coma or Unconsciousness," "Pain," "Tendon-Reflexes and Muscle Tone," "Fever and Subnormal Temperature," and the like. Dr. Hare's long experience as a lecturer stands him in good stead in the way of securing condensation of style, and emphasis on points most demanding attention. The book as a whole is eminently practical and suggestive. It is offered, as its publishers' name sufficiently gives assurance, in handsome and substantial shape.

CLINICAL LECTURES ON DISEASES OF THE NERVOUS SYSTEM. By W. R. Gowers, M.D., F.R.S. Philadelphia: P. Blakiston Son & Co. 279 pp.

These lectures were delivered by Dr. Gowers to students, at the London National Hospital for the Paralyzed and Epileptic. They are marked by admirable clearness of style, brevity, practicality, and a certain rather rare quality of modesty and good sense. The clinical value of their teaching is indisputable; but more distinctly their own, and not less valuable, are the hints, given with humor, point, and pungency, on the methods through which it is safe for the young clinician to enter on his work, and the attitude it is wholesome for him to maintain in the presence of results.

"All diagnosis that rests on reasoning is a matter of probability: only that which is simple observation is certain. The probability may be great, or may be only a slight preponderance in the balance of evidence; but wherever inference comes in, there is no certainty."

"Whenever you find yourself in the presence of a case which is not at once and completely familiar to you in all its details, forget for the time all your types and all your names. Deal with the case as one that has never been seen before, and work it out as a new problem, *sui generis*, to be investigated as such. Observe its symptoms carefully and consider their significance. Then put the several symptoms together and consider the meaning of their combination."

"Discard in the first instance all attempts to identify or to name, and try instead to *read* the malady, tracing the symptoms to the seat of their cause. . . . This method has the great practical advantage of taking you at once to the elements that should guide your treatment, and of enabling you to treat wisely a case, the like of which

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you may never have heard of, and a name for which you do not know."

"It is always a pleasant thing to be right, but it is generally a much more useful thing to be wrong. If you are right, all that you do, as a rule, is to confirm your previous opinion, your previous habits of reasoning, and your previous self-esteem. But if you are wrong, you generally gain in knowledge, and gain perception of the way in which your method of diagnosis needs improvement, and the influence on self-esteem is not likely to do you harm. At least, that is my own experience, and I think I have observed it confirmed in others."

Golden sentences these, and so inspiring of confidence, that one is well prepared to listen with respect to the teachings that follow. These deal with various forms of nervous maladies, including among others: —

Argyria and Syphilis, Bulbar Paralysis, Neuralgia, Lead Palsy, Locomotor Ataxy, Syringo-Myelia, and the Treatment of Muscular Contraction. Not only students but practitioners must glean much profit from a study of the theories founded on so wide an experience and guided by a quiet common sense so exceptional and so excellent.

VETERINARY HOMŒOPATHY IN ITS APPLICATION TO THE HORSE. By John S. Hurndall, M.R.C.V.S. Philadelphia: Boericke & Tafel. 343 pp.

The old adage about a merciful man being merciful to his beast has its suggestive application to the homœopathist who is an owner of horses. The "milde macht" whose efficacy with mankind he has so often proved, is no less efficacious when his equine or canine friends are smitten with any of the diseases their flesh is heir to. In such emergencies he will find this admirably comprehensive book, the work of a qualified English veterinary surgeon, to be a highly helpful counselor. And not only in such emergencies, but when planning the building or purchase of a stable he cannot do better than to consult Dr. Hurndall's chapters on the construction of a hygienic stable, and on the common errors which should be avoided in the interests of the horses' health.

Physicians, so often consulted "in the light of a friend" on the condition of a patient's favorite horse, and so almost certainly the possessor of one or more equine favorites of their own, will find it to their profit to own, and occasionally give an hour's study to a work so suggestive and so practical.

THE INTERNATIONAL MEDICAL ANNUAL, AND PRACTITIONER'S INDEX. 1896. New York: E. B. Treat. 728 pp.

The most complete summary, in a single volume, of the progress made in medicine in 1896 is to be found in the "International Annual." Here the physician curious in such matters may come

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abreast of those therapeutic ephemera known as "new remedies." Here he may, in special articles of great interest and value, by such authoritative teachers as Prof. H. A. Hare, Drs. William Osler, Theophilus Parvin, and Farncourt Barnes, learn of medical and surgical progress made along lines of especial importance. Here he may familiarize himself with the year's "new inventions and appliances;" and by name, at least, with the chief medical works issued during that time. In short, with the aid of this excellent and popular volume, he may learn more of medical progress in an hour than a month of general reading could teach him.

FUNCTIONAL DISORDERS OF THE NERVOUS SYSTEM IN WOMEN. By T. J. McGillicuddy, A.M., M.D. New York: William Wood & Co. 1896. 334 pp.

Dr. McGillicuddy truly says that the surgical branch of gynæcology has of late years been arrogated to an importance out of all just proportion to its relative importance, while medical gynæcology has had but few exponents and but little attention. In his little volume, therefore, the author devotes himself to those functional disorders, frequently reflex, rarely accompanied by any marked organic changes, which yet are responsible for very much suffering in women, and which not infrequently sadly puzzle the practitioner. Interesting and suggestive throughout, the book is especially so in the chapters on Aural Reflex Neuroses, the Articular Reflex Neuroses, and Hemicrania. The therapeutics, apart from general hygienic and dietetic measures, are of course of no especial interest to homœopathists, but the hints on diagnosis will be found exceedingly helpful, and may not infrequently throw light on a perplexing and obscure case.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By Henry C. Chapman, M.D. Second edition. Philadelphia: W. B. Saunders. 1896. 254 pp.

But few changes have been made in this useful little volume since in its first edition it was offered to the profession. It contains a new bibliography very serviceable to those who may wish to pursue further anyone of the subjects here treated. The volume aims to be suggestive rather than exhaustive, a quick consultant rather than a final authority.

HELMUTH HOUSE REPORTS. Fifth Series. 1890–1895. New York: G. P. Putnam's Sons. 1896. 99 pp.

These reports of the work done at Helmuth House, for the five years ending September 15, 1895, are presented in concise and attractive form. They chronicle a total of 1,009 cases of disease treated, with 855 operations and 29 deaths. Remarks suggested by these cases are briefly offered under suggestive captions. One highly interesting chapter embodies Dr. Helmuth's conclusions that deaths, reported as from peritonitis following operations, not infrequently result from intestinal paralysis instead.

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GLEANINGS AND TRANSLATIONS.

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A SEAGOING SANITARIUM. — A current news item states that the Austrian Lloyds has ordered a magnificent and luxurious steamship, to be devoted to carrying consumptives and other invalids over sunny seas to salubrious climes and interesting places; with a corps of first-class physicians, nurses, and trained sanitary gustatory cooks on board, and all the improved and approved apparatus in aid of the healing art. The ship will make her first cruise this fall and winter in the Mediterranean, running into the most inviting ports to keep out of bad weather and keep up the spirits of the patients. There will be needed also a great variety of lively times on board, to counteract the deadly influence of a cargo of invalids on each other. — *The Sanitary Era.*

DR. W. O. HENRY, of Omaha, has had a somewhat novel experience with the courts. He sued a patient for the amount of his bill, and was in turn sued by the man for malpractice, damages being set at $8,000. Not only was the doctor victorious in disproving malpractice, but he convinced the plaintiff and his attorney of the justice of his cause, and the former went out and borrowed $445 with which to pay what he owed for medical services, to save which he had instituted the malpractice suit. — *Chicago Medical Record.*

TRANSPLANTING THE URETERS. — Some time ago an Italian surgeon, Signor Borri, published some successful experiments on the implantation of the ureters into the intestine. The experiments were done on dogs with a modified form of "button." He has now, as a result of these observations, successfully applied the method to the human subject. The ureter is fastened round one end of a bobbin, which is then introduced into the bowel through a small longitudinal incision, which is afterward sewn up. In process of time, union occurs, and the bobbin is passed *per anum.* The first case was one of vesical tuberculosis, and the "button" was passed on the eighth day with the silk used to affix the ureter round its neck. The first urine was noticed from sixteen to twenty-four hours after the operation, and afterwards at intervals of two or three hours — about 200 to 300 centimetres. In the second case, one of a large vesico-vaginal fistula with total destruction of the urethra, the "button" came away *per anum* on the twelfth day. In both cases the results were highly satisfactory. — *Medical Times.*

VINEGAR AS AN ANTIDOTE TO CARBOLIC ACID. — The May number of the *Canadian Practitioner* contains an abstract of an article from the *Semaine Medicale* in which the writer states that, according to Professor Carleton, vinegar is an antidote to carbolic acid. When it is applied to the skin or to a mucous membrane which has been burned by the acid, it causes a rapid disappearance of the characteristic whiteness, as well as of the anæsthesia produced by carbolic

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acid, and it also prevents the formation of a slough. Moreover, it neutralizes any of the acid that may have been introduced into the stomach. The first thing, therefore, to do, he says, in cases where carbolic acid has been swallowed is to make the patient drink some vinegar mixed with equal parts of water, and then to wash out the stomach. — *New York Medical Journal.*

THE FIRST SYMPTOM OF PULMONARY TUBERCULOSIS AND ITS DETECTION BY THE FEVER THERMOMETER. — As a diagnostic instrument, says Dr. C. W. Ingraham, in the *Medical Record*, the fever thermometer approaches most nearly the zenith of its perfection and utility in cases of suspected tuberculosis. From close observation in a large number of cases, I feel sustained in the assertion that a rise of temperature of from one half to one degree at some period of greater or less duration every twenty-four hours may be regarded as the first symptom of pulmonary tuberculosis. I believe that this rise of temperature, as a rule, occurs previous to every other symptom, except when tuberculosis follows in the wake of some acute disease without intervening recovery of health. At the very beginning of tubercular involvement, with the formation of the first tubercular nodules, is the most promising period to successfully treat the disease. At this stage the patient raises no infected sputum, which excludes the use of the microscope. The physician is not justified in deciding positively that a disease is non-tubercular until he has before him a complete record of the patient's temperature, showing no recurring daily elevation, for a period of two weeks. An elevation of one half a degree, occurring daily at some time in the afternoon or evening, should cause a strong suspicion of tuberculosis. An elevation of one degree during a similar period will justify a positive diagnosis of pulmonary tuberculosis, and this diagnosis will in ninety per cent of cases be confirmed by microscopic examination at a later period. With a fever thermometer and a microscope in our possession, and by intelligent use of the same, we are in a position to render tubercular subjects a most accurate and scientific diagnosis.

Two articles in THE POPULAR SCIENCE MONTHLY for October will appeal strongly to those who enjoy the conflicts of science: "The Metric System," a defence by Professor T. C. Mendenhall against the recent attack of Herbert Spencer; and "The Vivisection Question," by Professor C. F. Hodge, a concluding article in which the utility of the practice is set forth. Dr. Emil Kraepelin describes a new "Measure of Mental Capacity" which should have a value both in education and the civil service. The leading facts concerning "Acetylene, the New Illuminant," are set forth by V. J. Youmans. In "The Self and its Derangements," Professor William Romaine Newbold discusses those cases in which a person forgets his past life for days and sometimes for months. F. Regnault writes on "Exaggeration as an Æsthetic Factor." New York: D. Appleton & Company.

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VENESECTION IN OPIUM POISONING.—The June number of the *Indian Medical Gazette* contains an article on this subject by Surgeon-Captain D. G. Marshall, of Umballa, in which he states that the value of this mode of treatment is, judging from the slight reference to it in any of the standard works, apparently little known, although it is so efficacious in apparently hopeless cases that it appears worthy of more general application.

It is referred to in Neale's *Digest*, one case being quoted as recorded by Griffin; and Dr. Ogle, in the *Lancet* of May 9, 1892, refers to Professor Reid's experiments of the results of bleeding in cases of poisoning.

This treatment, says the author, is not recommended as applicable to every case of opium poisoning, but it is beneficial in those cases where death is impending, owing to failure of respiratory action due to distention of the right side of the heart, with backward pressure. On the same line of reasoning it has been found useful in chloroform poisoning.

The following case, which came under his care in England, shows, he says, that the method of treatment has practical value: —

A woman who had swallowed two ounces of laudanum with suicidal intent was brought to the hospital in a comatose condition. The stomach was thoroughly washed out and hypodermic injections of atropine were administered, but, in spite of these measures, the patient rapidly grew worse; the breathing slowed down to four respirations a minute, and finally stopped altogether. There was a faint pulse at the wrist, and the heart could be felt working in a labored fashion, and the right side was evidently distended.

Artificial respiration was maintained for about five minutes, but with no results, for the radial pulse was imperceptible and there was no sign of respiration; the heart, however, was still acting.

Having heard, says Mr. Marshall, of the beneficial result of blood-letting in opium poisoning, he opened a vein in the left arm, and allowed twenty ounces of blood to escape; he then continued the artificial respiration. In a few minutes natural breathing began again, and in half an hour the woman was sufficiently recovered to be walked about. She left the hospital the next day.—*New York Medical Journal.*

PERSONAL AND NEWS ITEMS.

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A DESERVED and distinguished compliment was paid to that Nestor of famous and effective workers for the cause of American homœopathy, Dr. Isidor Tisdale Talbot, in the drinking, with hearty acclaim, of his health, at the banquet, in London, of the International Homœopathic Congress.

THE first meeting, for the season, of the Homœopathic Medical Society of Chicago was held on September 17. Among the papers of interest presented on that occasion were "The Obstetrical Forceps," by Dr. Sheldon Leavitt, and "Reckless Surgery," by Dr. Charles Adams.

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THE New York Homœopathic Hospital and College dedicated with appropriate exercises its new Medical Hospital buildings on the afternoon of October 6. The occasion was a successful and brilliant one.

DR. HENRIK G. PETERSEN has removed his office to 85 Newbury Street, Boston. Special attention is given to Nervous and Mental Conditions. Consultation hours: 11 to 12 A.M. and 2 to 5 P.M.

DR. N. W. EMERSON has removed his office from 601 Boylston Street to 40 West Newton Street, Boston.

DR. HENRIK G. PETERSEN has removed his office to 85 Newbury Street, Boston, where he will give special attention to nervous and mental conditions.

For Sale. — Many of the books and instruments of the late Dr. L. A. Phillips are for sale at very low prices at his former office, 229 Berkeley Street, Boston.

DR. EDWIN A. CLARKE has removed his office from 72 Pleasant Street to the new Whittemore Block, 10½ High Street. Office hours 1 to 4 P.M., as heretofore.

DR. F. M. BENNITT, of Chicopee, Mass., sailed for Europe on October 3, and Dr. Geo. B. Maxwell, of Wyandotte, Mich., will take charge of his practice during the doctor's absence.

Wanted. — A woman assistant physician in a hospital for the insane. Address "Hospital," care Otis Clapp & Son, 10 Park Square, Boston.

DR. WINFIELD SMITH has removed his office and residence to 845 Boylston Street, Hotel Beresford, and will devote himself exclusively to general gynecological and abdominal surgery.

DR. J. EMMONS BRIGGS has removed from 240 Massachusetts Avenue to 204 Huntington Avenue, Boston.

DR. JULIA A. MARSHALL has removed from Haverhill, Mass., to 39 Minot Street, Neponset, Mass.

Streptococcus Antitoxin (Marmorek),

For Erysipelas, Puerperal Fever, Septicæmia, Scarlet Fever, Broncho-Pneumonia and all other conditions caused by streptococcic infection, is attracting a great deal of attention from the medical profession throughout the country. This preparation, together with all the Antitoxins made by the Pasteur Vaccine Co., Ltd., of Chicago, can be supplied by Theodore Metcalf Co., 39 Tremont Street, Boston, Mass.

DR. FREDERICK G. DEWS, class of '96 B. U. S. of M., has located at 55½ Fifth Street, New Bedford, Mass.

TRANSACTIONS OF THE INTERNATIONAL CONGRESS.

TO THE EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE.

Sir, — Will you allow me, through your pages, to call the attention of our colleagues to the subscription list which has been opened for the Transactions of the late International Homœopathic Congress? At the British Congresses of 1894 and 1895 it was agreed that, while the expenses of the meeting were to be defrayed by the practitioners of the country in which it was held, those of printing the Transactions should be met, as in 1881, by a subscription from those desirous of possessing the volume. Its cost is estimated at ten shillings. I shall be glad to receive the names and addresses of subscribers not already given to Mr. Dudley Wright at the Congress. A posted order for the price may be sent therewith, or it will be applied for when the volume is ready for distribution.

I am, sir,

Yours faithfully,

RICHARD HUGHES.

36 Silwood Road, Brighton,
September 8, 1896.

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THE

NEW-ENGLAND MEDICAL GAZETTE.

No. 11. NOVEMBER, 1896. VOL. XXXI.

COMMUNICATIONS.

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ACETIC ACID IN MALIGNANT GROWTHS.

BY FREDERICK B. PERCY, M.D., BROOKLINE, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Face to face with so mortal and formidable an enemy as cancer, one cannot be too sure of his weapons. What wonder that to many physicians the sure, even if temporary, relief which follows surgical interference should be unhesitatingly sought! Life prolonged is not life regained, and until the recurrence of malignant disease is far less than even the present most approved surgical methods can show, the true physician must be ever hopeful of help through other agencies than the knife or caustic. One cannot but deprecate the present tendency among medical men of introducing new drugs and new methods of treatment before they have been sufficiently tested. Equally reprehensible is any attempt to revive the domestic or traditional uses of well-known substances which have either been neglected or committed to well-merited obloquy. Not guilty you surely must declare me of the first charge, and mayhap excused for yielding to the second if this paper throws some additional light upon the curative powers of acetic acid. You will be surprised to know how little information any work on Materia Medica will give you as to its pathogenetic or therapeutic effects. The meagre article in the *Cyclopædia of Drug Pathogenesy* gives one no idea of its usefulness, but an article by Dr. Elias C. Price in the *Hahnemannian Monthly* for January, 1889, and *Gentry's Record of the Homœopathic Materia Medica* are both singularly full and clear. My attention was particularly drawn to its study and use by an article from the pen of Wm. Owens, M.D., entitled "Uses of Acetic Acid in Certain Forms of Disease." From this permit me to quote a few paragraphs: "As a therapeutic agent acetic acid liquefies albumen and fibrinous deposits as found in hyperplasias, indurations, and infiltrations as the product of the acute or chronic inflammatory process. It

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is particularly valuable in epithelioma and cancerous affections and in the indurated chancre of primary syphilis. It is said to be the only agent capable of destroying the cancer cell. In treating the cancerous patient we use locally a two per cent dilution of Acetic Acid, diluted with distilled water, and keep the part moistened all the time, using a soft linen rag of several thicknesses, while we give internally the first dilution in water every four hours. Use the same treatment for epithelioma. In a few weeks exfoliation takes place and leaves a healthy surface. In the indurated chancre the first dilution is used locally and kept moist. In a few days the induration becomes softened, pus is formed in the ulcer and is usually discharged quite freely, the induration disappears and a healthy granulating surface remains. From this time the second dilution is used until it is entirely healed." Then follow the clinical records of two cases of carcinoma of the stomach, two of cancer of the lip and face, and one of cancer of the breast.

Three things impressed me most strongly in the above cases. The element of the miraculous was entirely wanting. The time required to bring about the cure was a year or more, and this was consistent with a proper understanding of the disease. And most important of all, no report of the above cases was made until some years after the treatment was discontinued. A few well-known facts about acetic acid only added to my already formed determination to put this remedy to test. The repetition of them will only weary you for a moment. As a germicide, acetic acid is more potent than merc. corrosivus or carbolic acid. Engelman has used it in obstetrical practice in three to five per cent solution. He also recommends it as an intrauterine injection in septicæmia. In gonorrhœa an injection of acid. acet. dil., one part to four of water, speedily relieves. You already know that vinegar, which owes its power to this acid, when taken in excess produces rapid emaciation, anæmia, and loss of strength, a perfect picture of the cancerous cachexia and according to Dr. Hering and Dr. Cutter (Sajous' *Medical Annual*), tuberculosis.

The following cases are merely corroborative of Dr. Owens' experience and will be stated as briefly as possible: —

Case 1. Mr. S., age 65. Farmer by occupation. Previous history revealed the occurrence of a growth on the upper lip which had been pronounced cancer, and removed by a well-known physician in Boston. Some months previous to my seeing him a similar growth appeared on the right upper lip, and the breaking down of tissue was very rapid. I found on first examination the lip partially gone; a raw, unhealthy surface with no attempt at granulation, the discharge offensive, and pain at times excessive, but always present. Physical examination revealed no organic disease, but general health was much impaired. The acetic acid 1x was prescribed internally and a two per cent solution locally. In six weeks the change was most apparent, and at that time I advised spraying

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the lip with the solution instead of applying it on lint, and with much more satisfactory results. The case was under my observation for one year, and then I discharged him as cured, and it is now four years with no evidence of a return of the trouble.

Case 2. Miss G., age 23. Born in Ohio. Present residence, Lynn. Occupation, missionary, Salvation Army.

Family history: Father and mother both dead. Father died suddenly, only sick a few hours, but was said to have Bright's disease. Mother died after miscarriage. Patient had no children's diseases. Three years ago was very ill with gastric fever.

Present illness: Has been ill since January. Sickness began with nausea and vomiting, and with brief respites this has continued ever since. Vomitus has always been green in color and followed by intense thirst. After a severe relapse in August there came a period of relief when a ravenous appetite for solid food was gratified, but soon followed by another upset. For the week prior to her admission to the hospital, vomiting had been incessant, and only rectal feeding sustained life. Her condition at this time was indeed pitiable. *Hiccough was incessant*, and even pellets of ice induced nausea. Emaciation was extreme and physical examination revealed marked tenderness over the liver with enlargement, and this was the seat of extreme pain. The epigastric region was very sensitive to pressure, in part due to constant spasm of the diaphragm. The lungs and heart were normal, and examination of urine revealed only a trace of albumen with few granular casts.

Arsenic Alb. 3x powder every hour was first prescribed in conjunction with ether spray to pit of stomach to allay hiccough. For food nothing but peptonized milk. Two days after this prescription the hospital record is as follows: "Has been vomiting all night. After food feels very sick. Vomitus more like bile than food. Complains and moans about pain in region of liver and under shoulder blade. Severe cramps in stomach. Prescribed Acid Acet. 1x in water. Changed to koumyss in place of milk and gave panopepton in connection with it every four hours.

October 5: Hiccoughs relieved by spray; patient seems a good deal better; no vomiting; slept better.

October 9: Patient is to sit up; may have small chop.

October 13: Rice, bread, and beef are eaten with no subsequent pain; patient can sit up all day."

Case 3. Mrs. ——, age 60. Family history negative as to cancer. Father died from injury and mother from diabetes. Previous health remarkably good, with the exception of profuse hemorrhages at climacteric, which ceased after removal of uterine polypus.

First noticed difficulty in swallowing, with some transient hoarseness in the summer of 1892. The trouble increased and in the fall of the same year a laryngoscopic examination showed enlargement of epiglottis with evident ulceration. A most eminent specialist who was consulted hesitated in his diagnosis, but was inclined to the

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belief that it was carcinoma of the extrinsic form. Other advice being deemed wise, another equally well-known laryngologist was seen, and his opinion wavered between tuberculosis and carcinoma. Treatment availed nothing, and when the report from the examination of a section of the growth confirmed the diagnosis of cancer, surgical interference was advised. Knowing the unfavorable issue of such operations, this course was not followed. At this time swallowing of solid food was impossible, pain extending up into the ears was more and more intense, while the general condition already showed the influence of the disease. Then it was that with little hope the acetic acid locally as spray and internally was begun. Nothing could have been more gratifying than the results of treatment, and in six weeks the growth had so materially lessened, and had assumed so healthy an appearance, that eating was once more a pleasure. To be brief, for more than a year that patient was as well and vigorous as ever, never for a moment conscious of the old trouble. At the expiration of that time the growth began anew, and the old treatment availed but little. Why then report the case? you ask, and my answer is, unhesitatingly, because no known methods of treating such growths could have given anything like such satisfactory results. On this point hear what Warren says, "Patients afflicted with extrinsic cancer die usually at the end of a year or eighteen months."

Do not for one moment think that this paper is offered because its author believes that acetic acid is a specific for cancer. Nothing could be further from my mind or more foreign to my purpose. The first case, while eminently satisfactory, might have been relieved by other means. The second was only by the method of exclusion decided to be some malignant form of ulceration of the stomach leading to carcinoma. The third has been offered for reasons given above. Clinical evidence of drug interference in cancer is always open to question, but corroborative evidence from many physicians can and will prove the truth or falsity of the claims of this remedy in the treatment of malignant growths.

SERUM-THERAPY AND ITS RELATION TO HOMŒOPATHY.

BY HENRY EDWIN SPALDING, M.D., BOSTON.

[*Given before the Boston Homœopathic Medical Society, in Discussion of a Paper upon Serum-Therapy.*]

The germ theory and its sequence, serum-therapy, is an immense subject. It is broad, and it is deep. It is vital as life itself and as baneful as death. It is all life, and yet its study is the study of a battle between life and death. The much that has been learned concerning it is as nothing compared with the, as yet, unknown. In the pursuit of their investigations our most learned scientists suddenly find themselves in an impenetrable thicket of uncertainty and utter

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darkness. It has already revolutionized the art of surgery, and promises to establish a new pathology, and, as a natural sequence, a new therapeutics. Personally I am inclined to accept every new, real, or supposed discovery in this field. It has a fascination for me. At the same time I do feel that to be sure of our footing we must not hesitate to use the critic's eye. I suspect that what is now claimed and taught concerning disease germs — bacteria, bacilli, microbes — is one third fact, susceptible of demonstrative proof; one third theory, probable in the light of relative scientific deduction; and one third assumption, guesswork, or the result coming from a man's finding whatever he hunts for, and history is replete with instances of scientists being thus led astray.

Microbes are supposed to act in one of two ways in producing disease. One class of microbes do their deadly work by rapid reproduction; entering by the circulating fluids every organ and tissue of the body; feeding upon the blood and causing its decomposition. The streptococcus and micrococcus are representatives of these and produce what is properly termed sepsis. The other class, while multiplying rapidly, do their work in a circumscribed field, but they generate a poison, toxine, that enters the circulating fluid, and thus may affect every organ of the body. The bacilli of diphtheria and tetanus are representatives of these toxine-producing germs, and these we are specially considering to-night.

The moment these bacilli attack the system there is a rallying of the vital forces to destroy the invaders. The amœba and the phagocytes, as described by Metschnikoff, rush forward and, surrounding the living germs, destroy and digest them. Upon whether or not these life-preserving forces can annihilate the invaders as fast as they are reproduced, and thus prevent their generating toxine, depends the weal or woe of the patient.

It is believed that toxine acts either upon the blood chemically, or directly upon the cells, so paralyzing them that they cannot perform their normal functions of protection and nutrition. Those who accept the chemical theory claim that the serum contains a bactericidal substance, or that the cells, under the stimulus of the invading bacilli, secrete one, which has been arbitrarily called "alexine," and that the bacteria secrete a chemically opposite substance that has been called "lysine." One substance neutralizing the other, the patient's welfare depends upon whether the blood cells or the bacilli secrete the more. The advocates of this theory claim that this explains why an animal becomes immune to a certain disease after having been attacked by it. Under the stimulus of the bacilli the blood cells are so aroused that they secrete this protecting substance until the blood is saturated with it, and is thus rendered proof against the poison for a longer or shorter time.

The other theory is that the cells are so paralyzed that they cannot destroy the bacilli, which may then go on generating toxine to the final destruction of the body. This, however, does not offer so

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easy an explanation of developed immunity as does the chemical theory. Nor does it explain why one animal is naturally immune while another is not.

There are some inconsistencies between the theories and the observations pertaining to bacteriology. For instance, it is an axiom in bacteriology that an animal may be made immune to fatal doses of living bacteria and not be immune to the toxine; but if made immune to the toxine it will also be immune to the bacteria. Now this seems fallacious from the fact that bacteria are often found in the tissues long after apparent recovery, and may be called into renewed activity by an injection of toxine, they and not it causing the fatal result. Is it possible, after all, that the toxine is not a product of the bacillus, but is something that comes along with it and is necessary to its life and well-being? Something suggestive of this is seen in the action of the bacilli of tetanus. Wash them free of toxine and they may be inserted into a perfectly clean, incised wound and no result will follow. If, however, there be suppuration present, or they take some toxine or some other bacilli, as allies, along with them, they do their deadly work.

The diphtheria bacillus, its toxine and the anti-toxine treatment with serum, are quite justly absorbing the attention of profession and laity at the present time. According as the anti-toxine treatment of diphtheria succeeds or fails, serum-therapy will, most likely, stand or fall. Thus far the weight of evidence in the shape of published opinion and statistics is decidedly in its favor. Occasionally strongly adverse opinions are published, seemingly well founded on experience. Without doubt the natural disinclination to publish failures has kept back others. Many of the favorable statistics have been criticised as unreliable. The loss of from twelve per cent to twenty-five per cent is nothing to boast of when in many instances it is acknowledged that the most critical cases were not counted. To physicians who have been accustomed to losing fifty per cent to sixty per cent of their cases, as many of the advocates of anti-toxine acknowledge, we can readily understand how the change to only fifteen per cent or twenty per cent of loss must be most pleasing. It seems, however, a severe arraignment of their former treatment, for doubtless the majority of cases will recover with good nursing and no medical treatment whatever. I do not believe that the poorest homœopathic practitioner in Massachusetts ever lost fifty per cent or even twenty-five per cent of his cases. If I may be allowed to refer to my personal experience in the treatment of diphtheria, I will say that had my percentage of loss been as great as is acknowledged under anti-toxine, I should consider that in the treatment of diphtheria I was a failure.* I can at this moment recall losing but five

* Since the meeting in which this statement was made I have had a careful examination made of the public mortality records which shows the number of cases lost to be eight. In this there can be no possibility of error. I only regret that in all these years reporting cases of contagious diseases has not been obligatory, as at present. I might then find in the board of health records unquestionable proof of the number of cases treated.

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cases in a practice of but few months less than thirty years. The number of cases treated I am unable to give, but the fact that I went through a number of seasons of what would to-day be called epidemic, I am sure that my loss cannot have been far from two per cent. In this I do not claim to be exact, and I speak of it with nothing like a boasting spirit, for I am sure there is many another physician who can show just as good a record, maybe better.

Besides the fact that in many instances cases thought to be incurable at the time the treatment was first administered are not reckoned in the statistics, there are factors that give the anti-toxine treatment an unfair advantage statistically considered. The fact that culture tests are made does not prevent error in diagnosis, may, indeed, simply establish the error. To be successful with anti-toxine it is important that it be used the first day of the disease. A case looks like incipient diphtheria: a culture is made, and the anti-toxine administered. The next day the laboratory reports the presence of diphtheria bacilli, and it is put down as a cure. "Another life saved by anti-toxine." It may not have been diphtheria at all. Cultures made from a large number of healthy throats in New York showed the Klebs-Loeffler bacillus in one seventh of them, and these were not known to have been exposed to the contagion. This last winter four New York internes were spending the evening together. One suggested that they send cultures from their throats to the laboratory. They were all declared to have diphtheria. Yet they were and continued to be perfectly well. Supposing, however, that their throats had been a little sore with simple inflammation or follicular tonsilitis, they would have been food for statistics.

Again, it being generally understood that anti-toxine should be used during the first twenty-four hours of the disease, the patient has the advantage of good care and nursing from the very onset, whereas in the majority of cases in the past the physician has not been summoned until the second or third day, and perhaps later.

Dr. Winters, of the Willard Parker Hospital, New York, says diphtheria almost invariably ends in recovery under any method of treatment if the patient is brought under proper hygienic surroundings and surveillance on the first day of the disease.

An exaggerated idea of the really apparent value of diphtheritic anti-toxine has been disseminated by artful arrangement of statistics and extravagant expressions in the public press, like "another life saved by anti-toxine." These things, together with the numerous advertising editorials, suggest that there may be a mercantile influence back of it all, as in the late lamented Koch tuberculine cure. The unfortunate cases scattered here and there are not generally reported. Adverse reports from hospitals, even, are omitted from the public press, and receive but slight notice from medical journals.

In the Willard Parker Hospital, Dr. Winters made a careful study of one hundred and fifty-four cases treated, during three months' time, with anti-toxine. He declares that "In not a single case was

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there the slightest evidence that the formation of false membrane had been checked, that its foliation had been hastened, or that the throat had been free from membrane earlier than in cases not treated with anti-toxine. In not a single septic case had the anti-toxine made the least impression on the symptoms. In cases of laryngeal diphtheria the percentage of recoveries had been greater when anti-toxine was not used than when it was." He has given a number of cases illustrating the injurious effects of anti-toxine, and declares that "horse serum dissolves the human blood corpuscles," thereby producing new elements of decomposition. He says finally, "I have failed to see the slightest evidence of its having done good in a single instance."

Post Assistant Surgeon Cordeiro, of the United States Navy, in a recent report says, "As yet we have not the slightest basis on which to found an expectation that fewer children will die in the future of this disease on account of the serum treatment." He also reports cases of death which he believes were the direct result of the treatment.

My own experience has been limited to one case. I believe this patient suffered more and his life was put in greater hazard from the treatment than from the disease. The anti-toxine was administered the second day of the disease. The temperature had been reduced by medicinal treatment from 104° to 100.4°, but the membrane continued to spread slowly. No albumenuria. The anti-toxine used was from the Pasteur Institute, of New York. Strict asepsis was observed. Dose 25 c.c. The next day no amelioration of symptoms. Temperature, 100.8°. Membrane spreading. Injected 24 c.c. anti-toxine. No special change during the next twenty-fours. After that the foliation of the membrane took place gradually, and in like manner as I have been accustomed to see it under my ordinary treatment, which was continued all of the time. On the eighth day temperature was normal; throat clear of membrane. Redness and swelling, with itching around the sites of the injections. Ninth day: itching all over body, with spots of eruption; eyelids swollen, also lips and face; cervical glands swollen and sore; mucous membrane of throat looks swollen; great malaise. Tenth day: a severe chill. Temperature, 103.8°; pulse, 98. Eruptions of various characters, in some places like urticaria; in others, measles; in others, scarlet fever; while on the feet it was fine purple spots like purpura. The left eye was unlike anything I ever saw before, a peculiar leaden hue and yet congested. Moving the eye caused great pain. Intense pain in every part of the body. Eleventh day: no special change except lowering of temperature to 101.8°; pains not quite as severe; most pain in left arm and leg; moving them causes intense pain; wrist and ankle very hot but not swollen; can move neither arm nor leg. Thirteenth day: eruption fading; less pain. Pain left the arm and leg quite suddenly, and he could move them without difficulty. From this time on these symptoms gradually subsided, but his recovery was very slow, and attended with partial paralysis, from which he in

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a few months recovered. The whole aspect of the case indicated sepsis from the anti-toxine. I never saw a similar condition in diphtheria, and can attribute it to nothing but the treatment. One case means very little as far as proving a proposition is concerned, but public report has brought to my ears others of a similar character.

As a prophylactic, anti-toxine has had an extensive use. Few thus immunized have had diphtheria, but many have suffered from the treatment and some have died. Dr. Axel Johanessen, of Christiania, in January reported a case dying from it. Dr. Alföldi, of Panscova, Hungary, administered 2 c.c. of Behring's serum to a girl of three years. It was immediately followed by malaise; this by a temperature of 104°; pain in the loins; albumenuria; petechiæ over the whole body and on the fourth day death.

As regards the serum used, it has been a question whether it is the serum or the antiseptic, added to prevent its decomposition, that is responsible for the good or ill effects upon the patient. Of the two samples I used, one was strong of carbolic acid, the other was a saturated solution of camphor. It is reasonable to suppose that drugs of this character must have some effect on the patient when forced into the circulation.

As regards the horse as a source for anti-toxine serum, it is selected because it can withstand the effects of the toxine better than most other animals, and also from a commercial standpoint, since it can furnish the largest amount of serum without special injury. This last statement we can readily accept without comment, but the former suggests some queries. No one has ever yet claimed to have seen a horse ill with genuine diphtheria. This even from injected bacilli, and not even systemic disturbance from exposure to the disease, as one person is exposed and contracts it from another. Truly, the horse is made ill by the injections, but is it diphtheria? Might not many other foreign substances forced into the circulation produce similar effects? It is more than probable that the horse is naturally immune to real diphtheria, and if so this immunizing process to which it is subjected is quite superfluous. Dr. Bertin, of Nantes, takes this ground, and has used the normal non-immunized horse serum in the treatment of diphtheria, with as good results as have attended the use of the ordinary immunized serum. He lost less than seventeen per cent of his cases.

These random gleanings from "the other side" suggest that the efficacy or even safety of the anti-toxine treatment of diphtheria has not yet been absolutely proven; that longer time, and careful, impartial observation can alone demand a verdict in its favor. That it may prove all that its advocates claim for it is devoutly to be hoped.

As far as its relation to homœopathy is concerned, there seems to be none established. If it acts in the manner generally supposed, there is nothing to debar a true homœopathist from using it, more than there would be in prescribing a chemical antidote for a poison taken into the stomach.

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SCARLET FEVER IN OBSTETRICAL CASES.

BY A. H. POWERS, M.D., BOSTON.

[*Read before the Massachusetts Homœopathic Society.*]

I was early taught in my medical studies that no physician was ever to attend a confinement while he was in attendance on a case of scarlet fever. In fact the instruction went further and said that for two weeks after attendance on a case of scarlet fever no one should presume to venture near the lying-in-room on pain of dire results. I found myself asking why scarlet fever was so much worse than measles or other contagious diseases, since with the exception of diphtheria there has been little said concerning the topic in relation to other diseases.

It has been hinted rather than said directly that scarlet fever caused a great mortality in lying-in women; and there is a feeling in and out of the profession that the chances of recovery from scarlet fever in a parturient woman are slight.

I found myself asking the question as to the reason for such a mortality, and though I cannot be absolutely certain, yet I think I have an inkling as to the popular notion.

Now *a priori*, it would seem that scarlet fever in confined women would prove a serious but not fatal complication. In fact it would seem from this standpoint as a complication not so very dangerous. Scarlet fever in the adult is a rather serious disease, but it does not often prove fatal; and when we think of confinement as a natural process it would seem that scarlet fever supervening on confinement should not prove fatal. But theories are of little value in medicine except as they aid to better practice. That there has been a serious mortality in years past when the scarlatiniform eruption appeared there can be no doubt, and that this is less marked at the present time is equally sure. I invite your attention to the eruption and the causes which have lessened its frequency among the patients at this critical period. Before we proceed further allow me to say a word as to the frequency and gravity of this same eruption among the newborn. The danger and mortality among these were scarcely less than for the mother. Now the first proposition I shall make is that I doubt the diagnosis of much that has been called scarlet fever in these cases, and my reasons for so doing are as follows.

As is well known one of the frequent symptoms of septicæmia is an erythematous rash extending partially or completely over the body of the patient. That this resembles scarlet fever can perhaps best be shown by quoting from a recent article in the *Medical News*: —

"M. S., aged eleven years, a patient at the Children's Hospital, suffered from caries of the right fibula. On November 15, 1894, a large sequestrum was removed by Dr. John Ashhurst, Jr. The temperature remained at about 104° until November 20. During the night from the nineteenth to the twentieth there was found a rash

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covering the whole body, which was described in the clinical notes as 'measly,' and which extended from the roots of the hair to the soles of the feet. The temperature fell to normal when the rash developed.

"On November 21, at 8 A.M., the rash was still macular, but no longer looked like that of measles. By 11 A.M., at the time I first saw the child, the eruption looked precisely like that of a well-developed scarlatina. The throat was slightly red, the general condition excellent. There was still no fever and the pulse was 92.

"On November 22 the rash was fading. On November 23 it had almost gone; it left an appearance like slightly injected 'goose flesh.' On November 24 the condition was much the same. On November 27 all signs of the rash had gone. No peeling followed."

This scarlatiniform eruption not infrequently is seen in surgical work and may possibly be caused by the inhalation of ether. Here we may also have an explanation of some of the cases of so-called scarlet fever, occurring in lying-in women, the ether having been given during the labor. Still further I would call attention to the fact that we have much less of scarlet fever in lying-in cases since antiseptics have come to be commonly used, and though this is not conclusive, yet the simultaneous diminution of child-bed fever and scarlet fever in lying-in cases is suggestive.

It may be easily seen that if the mother was septic, that the nurse or physician might very readily infect the child; and twenty years ago in the large majority of cases there was some suppuration at the navel and it was the exception for the cord to dry and fall as we now expect it to do. Of course it was through the cord that the most ready route of infection was found, but other routes are not excluded. Thus we see that there is possible an eruption from sepsis resembling scarlet fever, and we know that sepsis was formerly much more common in both mother and child than at present.

When we remember that this eruption is the more commonly found in the severe cases of sepsis we can begin to understand the cause of the mortality and the gravity of cases so affected. That this mistake has been made is not strange when we remember how little the general practitioner knows of skin diseases, and that the diagnosis of these cases is often most puzzling to the expert, and time is often necessary to make it certain.

Nor would I have it inferred that scarlet fever is not possible in women during their confinement period. I would simply affirm that it is a rare complication and that a reasonable care of the hands and instruments is thus emphasized.

Perhaps I had best say that by reasonable I mean such care as we would demand for a case were we the patient. Thankful that this complication is less frequent than formerly in confinement cases, the object of this paper will have been attained if by putting it on its true basis its occurrence be still less frequent.

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THE EXTRA-GENITAL PRIMARY LESION OF SYPHILIS.

BY JOHN L. COFFIN, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The unfortunate possessor of a syphilis is looked upon by the laity and by many of the profession as necessarily degraded, a moral leper. The evidences of this protean disease prove its victim, to some minds, morally as well as physically impure. To bring to your attention and thought some evidence which tends to show that in very many cases this is not so, but that the unhappy subject of syphilis is, by far, more sinned against than sinning, and worthy of our kindest and most charitable friendship and care, is my reason for presenting for your consideration and discussion the subject of extra-genital chancre.

In 1894, Dr. L. Duncan Bulkley, of New York, published a most interesting and instructive book under the title, "Syphilis Insontium," the result of ten years' research and compilation. In this work he gives detailed account of one hundred and thirteen cases observed by himself alone, and a tabulated statement giving the location of nine thousand cases of extra-genital chancre, gathered from many different reports. In the personal cases the location of the lesions and the sources of contagion, so far as could be learned, were as follows: —

Of the lip, fifty cases. Sources of contagion, from kissing, fifteen; face paint, one; not definitely known, twenty-eight.

Of the tonsil, fifteen cases. Sources: bestial practice, three; kissing, two; pipe or drinking-cup, one; unknown, nine.

Of the finger, fifteen cases. Ten in physicians acquired in their business; nursing, one; washerwoman infected from clothes, one; unknown, three.

Of the breast, seven. From nursing strange children, three; kissing, one; unknown, three.

Of the tongue, six. By pins, one; by cup, one; by dentist tools, one; unknown, three.

Of cheek, five. Razor-cuts, probably, four; unknown, one.

Of eyelid, four. Sources not known.

Of chin, four. From kissing, one; from cut from barber, one; unknown, two.

Of the hand, two. By wound in scuffling, one; unknown, one.

Of the nose, one. Source unknown.

Of the ear, one. From a bite in a fight.

Of temple, one. Unknown.

Of neck, one. Caused by bee sting which was scratched and then had court-plaster applied, after being moistened by the tongue of a syphilitic.

Of the forearm, one. From tattooing.

Of the coccyx, one. From bathing suit.

Of the tabulated cases, collected by this author, it may be inter-

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esting to you to know some of the more common forms of infection. First, there have been epidemics of syphilis caused by cupping, breast-drawing, hand-feeding, lactation, accouchement, circumcision, vaccination, domestic propagation, tattooing, glass-blowing, and Eustachian catheterization.

Of the sporadic cases, some of the media of contagion are as follows: spoons, knives, forks, cups, glasses, etc.; tobacco pipes, cigars, cigarettes, chewing gum, troches, etc.; infection by wearing apparel, masks, plasters, bandages, pillows, sheets, sponges, towels, brushes, combs, toothbrushes, syringes, privy-seats, handkerchiefs, napkins, aprons, pins, and almost any and every possible thing that enters into the domestic life of the individual.

Among what this author calls industrial infection are mentioned glass-blowers, assayers, weavers, musicians, conductors and housemaids, cooks, furriers, upholsterers, shoemakers, clerks and cashiers, laundresses and ragpickers.

Add to these all the methods of infection which may arise from the contact with or care of syphilitic infants and the various ways in which the surgeon and accoucheur may be contaminated and we have a list which is simply appalling.

Dr. E. Harrison Griffin, of New York, recently gave details of twenty cases of extra-genital chancre. The location in these cases were as follows: —

Lip, six cases. Sources, from drinking-cup, one; kissing, two; unknown, three.

Tongue, four. Source unknown.

Nose, one. Source unknown.

Tonsils, two. Sources, bestial practices.

Gum, one. Unknown.

Nipple, one. Nursing a syphilitic child.

Anus, two. One from soiled napkin; one sodomy.

Hand, one. From bite received in fighting.

In the case of infection from the drinking-cup, six others were infected from the same cause. The detailed account of these cases, together with some most interesting and pertinent conclusions by the author, will be found in the *New York Medical Journal* for May 23, 1896.

Last year Dr. Geo. B. Rice reported a case of chancre of lip from a hare's foot used in "making up" the face for a public entertainment. I myself have seen eight cases of syphilis where the primary lesion was or had been elsewhere than on the genitals. Three cases of tonsil: one from bestial practice, one from kissing, and one from drinking-cup. Three cases on lip: one from kissing, one unknown, one from accidental infection in a physician in professional work. One case of finger in physician acquired in repairing the perinæum of a syphilitic woman after confinement; and one of the nose, presumably from scratching with an infected finger.

Truly these facts are not to be lightly passed over, or only occa-

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sionally considered. Each and every case of syphilis, however acquired, is a focus for the spread of this dread disease, whose limit and extent in any given case no one can foretell. We boast of our era of preventive medicine, and every case of diphtheria, croup, small-pox, typhoid, or measles must be at once reported to the proper health authorities; the patient is quarantined; everything is done to protect the public from its danger; and yet syphilis, which stops not always at the disfigurement or death of its victim, but pursues it to the second and perhaps the third generation, stalks abroad, unrestricted by law, unknown and unfeared because unknown by the great bulk of the people. This is a condition of affairs, it seems to me, of which every physician and every body of physicians to-day should be ashamed, and will be ashamed until some measures are enforced tending to the prevention and control of this disease.

First, as tending to its control: every case of syphilis should be reported to the proper health authorities, and noncompliance with this requirement should be punished by a heavy penalty. Still more culpable before the law should the syphilitic be held who, knowingly or carelessly, exposes another person to infection from himself. Hospitals should be established in all large cities and counties, to which all syphilitics, too illiterate to know how to care for themselves, or too debased to be willing to do so, should be sent and confined until such time as they are harmless.

What can be done looking toward the prevention of disease of this character? Here I realize most fully that I approach delicate ground; that, so far as I know, nothing has been done in this direction, except laws in some countries requiring the examination and registration of prostitutes; and the moral sense of every true man and woman revolts at this suggestion. No one appreciates or admires chastity in man or woman more than I; nevertheless, I cannot agree with those who hold that the registration of prostitutes legalizes immorality. It is simply legal recognition of it; and the first step towards the prevention of any great evil is its open, public recognition. Without this it spreads most insidiously until the whole social side of life may be undermined by it. If any doubt this, let them read what Bayard Taylor has to say on this topic in relation to the city of Stockholm in his "Travels in Norway and Sweden," published forty years ago. Men and women in their natural instincts have not changed so very much since that time. Let us not shut our eyes to a painful truth. Prostitution is here, and it has come to stay. As Dr. Griffin plainly puts it in the article before alluded to, "So long as man and woman are furnished with the organs of increase, so long will prostitution flourish, as it did years ago in separate parts of the city, as to-day in all parts, from the lowest tenement house to the stylish flat and brownstone houses in the best part of the city." Prostitution, then, with its ever-present danger of spreading syphilis, exists as a fact which we cannot deny and have no business to evade. What shall we do to prevent it? I by no means wish to pose as an

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advocate of the registration act, but I do claim that we, as more or less guardians of the public health, should know whether or not registration is the best means yet devised for its prevention, and if it is, then it is our duty to try and have the proper laws enacted and enforced.

There has been one great defect in all laws of this kind which have been enacted, and that is that they have all, so far as I know, savored altogether too much of "the woman did it." Any law which requires the prostitute to be examined and present a clean bill of health, should also require any worshipper at her shrine to undergo a similar ordeal. As Dr. Bulkley says, "If the males did not carry syphilis into houses of ill repute, the disease would not appear in them." And again, referring to the including of syphilis among the contagious diseases regulated by law, which measure rigidly enforced, he believes, would render other legislation unnecessary, he says, "The force of the argument rests on the necessity of examining the men, instead of the women."

One great step towards the prevention of this malady will be taken, I am assured, when the intelligent public shall be educated to know its prevalence and dangers. Once let them thoroughly appreciate that in the common public drinking-cup, the ordinary domestic necessities of the hotel and barber shop, the indiscriminate use of bathing suits at the beaches, and in the many different ways alluded to previously, there may lurk the contagion of one of the vilest and most disastrous diseases with which the human race can be afflicted, and we shall soon have the best legislation possible tending to its prevention and control. More than this, the education of no young man or woman who has arrived at maturity should be considered complete, until they have been instructed in the dangers incident to the unrestrained sexual appetite. This could be done either privately by the family physician or publicly by proper lectures to the more advanced classes in our public schools. A wholesome and intelligent fear of the dangers of immorality thus aroused would certainly tend to greater effort at self-control.

CAN WE LIMIT OR AVERT THE SPREAD OF CONSUMPTION IN MASSACHUSETTS?

BY WILLIAM F. WESSELHOEFT, M.D., BOSTON.

[*Oration Delivered before the Massachusetts Homœopathic Medical Society.*]

From the days when Hahnemann sought to bring order out of chaos in medicine, and promulgated to the world his doctrine of *similia similibus curantur*, there have been strides taken in medicine alike by members of our own school and by those who do not accept his doctrine, so that to-day we stand upon a plane of knowledge based upon evidence in all branches of medicine that has never before been possible in the world.

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Next to the good done by homœopathy to the sufferers of our race, I deem no single line of study to have done more good, nor to be fraught with greater promise, than that which aims to accomplish the prevention of disease.

To a body of physicians gathered from every corner of our State there can be no question of greater importance than whether we can avert or limit the spread of consumption, owing to its prevalence, fatality, and danger to the community.

Massachusetts, with a population of two and a half millions, loses by consumption alone nearly six thousand annually, this being about one seventh of the mortality from all diseases.

In the report of the State Board of Health of 1894, showing the relative mortality from consumption in the different parts of the State, it is shown that no locality is free from its ravages, and that it is greater in proportion to the density of the population. It is greater in the towns along the seashore, and it diminishes in ratio to the distance from the coast. So that while in Worcester and the Connecticut River counties there is a mortality of twenty-seven in ten thousand, in the counties along the sea, except Suffolk, there is thirty-one in ten thousand, and in Berkshire, at the extreme west, it is but twenty-three. The lowest mortality belongs to New Ashford, on very elevated dry land, in Berkshire, and the highest to Boston.

During the last twenty years there has been a steady decrease in the percentage of deaths from consumption; and during that time, though there has been a greater tendency to aggregation, there has been better sanitation than before, a higher standard and greater general comfort of living, and, according to an able statistician, an actual increase in wages and an increase in their purchasing power of the necessities of life. To form an opinion of how to diminish the still enormous mortality of consumption, it is obviously necessary that we know the conditions under which it arises, under which it flourishes, and what influences are mitigating and curative.

Fourteen years ago Koch gave his discovery to the world of the tubercle bacillus being the cause of tuberculosis. This bacillus is present in all tuberculous diseases, and consumption is one of these. Though it is not possible to trace the cause of every case of consumption, there is strong reason to believe that those susceptible have become infected by means of this bacillus, and that it has gained access to the body, in the large majority of cases, by the inhalation of dust from the dried sputum of consumptives. There are, however, other ways of entrance, as by milk from tuberculous cows, and tainted meat.

It would perhaps be proper to give an example, in a condensed form, of the evidence that the bacillus is the cause of tuberculosis and of the possible effects of environment. Dr. Trudeau reports that fifteen healthy rabbits were taken and divided into three lots. The first lot were inoculated with a pure culture of the bacillus. These animals were confined in a small box in a cellar, deprived of

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light, fresh air, and exercise, and stinted in food. Four of them died within three months, the fifth was killed at the end of four months, and all were found tuberculous. The second lot were not inoculated, but were confined in a small box in a hole ten feet deep in the earth to avoid germ-laden air, and like the former deprived of light and fresh air, and stinted in food. They were all living at the end of four months, were emaciated, but upon being killed showed no disease. The third lot were inoculated as the first, and turned loose on a small island under the best of rabbit conditions, in sunshine, fresh air, abundance of food, and opportunity for exercise. One of these died one month after inoculation and was found to be tuberculous. The other animals were killed at the end of four months. They were fat, and on examination no evidence of tuberculosis existed. Experiments have also been made establishing the fact that animals at least can be given the disease by inhalation and ingestion.

When we think how on our sidewalks, floors of workshops, public conveyances, and elsewhere, this bacillus is carelessly cast in expectoration of consumptives, how it is left there to be dried and wafted about by air currents with the dust, we can understand how widespread is the opportunity for all to exposure by inhalation. With this almost unlimited opportunity in populous districts for infection, that all do not become infected shows that a certain factor called susceptibility becomes essential in the individual. In spite of many becoming infected who are apparently in the most robust state of physical vigor, we know that heredity both from tuberculous parents and grandparents to be the most potent factor to susceptibility, that age is another, and that environment and condition of living are very important items in the liability to the disease. Density of population, crowding together, dampness, bad ventilation, poor food, and lack of exercise are all important, essential factors in the sum of bad conditions, and some or all of these conditions can be found in the crowded kitchens on the farms, as well as in the factories and tenements, and the homes of the well-to-do.

That the disease is self-limited in many cases is well proved, and that a large percentage can be cured under the best conditions, especially of climate, we are getting more and more evidence of.

Dr. Solly, of Colorado, gives in an analysis of 250 cases under his observation in that State, 65 per cent in the first stage cured and 86 per cent benefited; and in the second stage 16 per cent cured and 49 per cent benefited, with a better prognosis for those without hereditary taint than for those with it. This is perhaps as good information as we can get of the hope for consumptives in that great region of our Southwest, probably the best in the world for these unfortunates, comprised by parts of Colorado, New Mexico, Arizona, western Texas, and southern California, and I think with pleasure of the people I know living and well in that great country who were marching to their graves a few years ago here in Massachusetts. There are other parts of our country where good results can be obtained, among these,

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parts of Florida, North Carolina, Pennsylvania, and New York. And to the people who have the means to obtain all that climate and environment can give, we can offer thirteen chances for life to one if they remain under the same conditions here in Massachusetts.

In our State the mortality of all infected is probably at least ninety-five per cent, and I think we feel but little hope, when once the diagnosis is assured, with the patient remaining under the same conditions; but under better conditions even here we may obtain far better results. In his Sanitarium at Sharon, Dr. Bowditch reports in forty cases a percentage of twenty-five arrested, when fever, cough, and expectoration ceased, and patients were apparently recovering.

What can we do here in Massachusetts? It is logically evident that if the bacillus is the cause of the disease, and is cast so universally among the dwellings and streets of our people, that the only way to eradicate the disease completely would be to remove all consumptives from the State, and allow no new ones to enter, either human or animal. This is of course impossible. Every consumptive cannot go away, nor can those susceptible have spacious dwellings and all essential conditions.

But I believe much can be done, and I believe that, until the public are more aroused to this danger, the best means will come by advice and information from physicians in private, district, dispensary, and hospital practice. We can tell consumptives how to deal with their sputum, we can warn the families that they may guard themselves from this danger by simple means, and that it is not in the breath nor the presence of the patient that the danger to others lurks, but in the sputum, which must never be allowed to dry, but be caught in something suitable and destroyed; that it is not to make the sufferer an outcast, but to give intelligent advice to others how to guard themselves.

Considering that the years during which invasion is most liable is between twenty and thirty, I believe the greatest possible field for good work is in the developing of our youths to a robust state of health, that in itself is known to be a prophylactic of untold value. That this has not been given the attention it deserves, we are all beginning to acknowledge. When we know there is evidence given by excellent observers, such as Dr. G. R. Butler, of Brooklyn, that exercises, general and special, by which the chest capacity is enlarged, increase of muscle developed, and appetite, digestion, and sleep thereby improved, have of themselves apparently averted the onset of the disease and cured incipient cases, we realize how important it is to give the greatest attention to this matter.

I believe that all truths of any use to the health and welfare of the individual should be preached and known when they may be of service, and when is a knowledge of avoidable disease of any use after infection has taken place and a sad lesson learnt by experience? Where could this be preached to more advantage or more universally than to those boys and girls in the public schools who are of an

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age to understand such information, and when they could do for themselves the greatest good in developing resistance, and who would be interested and are able to appreciate what concerns their future health and welfare! Nor would I restrict this information to consumption alone. There are other diseases I believe we have most injudiciously cut off our youth from gaining information about, and a very large proportion, armed with this knowledge, would avoid taking risks they now are ignorant of.

By any means at present at our command, it is well-nigh impossible to control that great majority of destitute and poorly protected sufferers. There are as yet but few institutions to which they have access; provision for them is terribly inadequate. I believe as the public becomes more and more convinced of the fact of consumption being a communicable disease, that they will demand provision on a large scale for those whom fortune favors not with proper means to gain either chance for health, or comforts during their illness, and that thereby the community be benefited by just so much of that source of infection, so dangerous, being removed from their midst. All over the civilized world to-day attention is being given to the question of how to deal with the consumptive poor. There are many institutions in Europe, some of many years' standing, and here in America there is a promising increase. On the strong showing made by private sanitariums, and the increased percentage of recoveries under proper conditions, more will come. To-day the largest retreat for consumptives in our State is the Cullis Home. Massachusetts has appropriated $150,000 for a State institution in Rutland. Recently a bill has passed the Senate of the United States, and, I believe, has good prospects of passing the House and Executive, appropriating a reservation in New Mexico for indigent consumptives, and giving it into the hands of the Invalid Aid Society, of Boston, a society established by philanthropic people, designed to give counsel and assistance to those of limited means needing different climates. Our duty in regard to consumption should, I believe, be twofold, — that as physicians having at heart the welfare of our patients, and that of citizens having at heart the welfare of the community. In many diseases the knowledge of prevention has gone so far that, if conditions can be had, we feel secure against their invasion. In the operating room and in the lying-in chamber proper measures of preventing infection save thousands annually. By the physicians of our State appreciating what the knowledge of prevention means, and by applying it as widely as they can, may we hope for substantial lessening of this dread consumption; and there can be no higher work, nor that deserving greater attention, than to search for the means to bring hope to our hopelessly sick, and to avert danger from our fellow-citizens.

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THE TREATMENT OF GRANULATING SURFACES AT THE EAR CLINIC IN HALLE.

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The granulating surfaces which are here referred to are, for the most part, those which result from operations in the mastoid region. The same method of treatment which applies to them, however, will apply equally well to similar surfaces wherever located, or by whatever means produced. These surfaces remaining after operation consist partly of divided soft tissues and partly of denuded and chiseled bone, the cancellous bony structure predominating. The treatment of these surfaces falls at once under two heads, determined by the ultimate result which it is aimed to secure. In one case it is desired that the cavity left after the operation should be filled in by speedy granulation and the outer contour and integument be made to assume as natural an aspect as is possible. In the second case the question of deformity, or disfigurement, is not considered at all, but only the ultimate safety of the patient and security against any subsequent renewal of disease. The aim in such a case is to preserve the cavity produced by the operation as nearly intact as possible and provide a smooth and permanent covering of cuticle, which can be made to grow inward from the outer integument around the edges of the wound, and gradually cover firmly the entire granulating surface, without the excised tissue having been replaced at all. Practically the same general means which are in use for the encouragement or the checking of granulations apply equally well in either plan of treatment, being modified as to their employment simply by the end proposed in the individual case, which must always be kept distinctly in mind.

At the beginning of treatment it is to be supposed that the surface in question is, as nearly as possible, aseptic; either in consequence of the extreme care exercised during the preceding operation, or, in non-surgical cases, from the employment of thorough preliminary cleansing and disinfection. The hands of the surgeon are also carefully cleansed and sterilized with mercurial solution, 1 to 1,000, at the beginning of every dressing. Should the surface at the time of dressing require cleansing by irrigation, in consequence of the abundance of the exudation, a warm sublimate solution, 1 to 10,000, is used for this purpose, or, if the exudation is offensive, the same solution 1 to 5,000. For manipulation about the surface, for drying, for the absorption of exudations, etc., aseptic absorbent cotton is used, wound rather firmly upon the applicator, or dressing forceps, to prevent shreds from adhering to the granulations. For packing or covering the surface at the conclusion of the dressing simple aseptic gauze is always used, save for the first dressing, when iodoform gauze is preferred. The iodoform gauze is considered too stimulating to the granulations to be steadily employed.

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In the ordinary course of repair, under these aseptic conditions, should the granulations become so exuberant that they need to be reduced and held in check, recourse is had to nitrate of silver, touching them lightly with either a bead of full strength smelted upon the end of a wire, or with the stick of reduced strength composed of one part of argentum nitricum to two parts of kali nitricum. Should the granulations be less strong, not requiring the nitrate of silver but still too exuberant, they are touched with trichloracetic acid in saturated aqueous solution. When the granulations are flatter in shape and not quite so active as the above, but still somewhat too luxuriant, they are treated with lactic acid in full strength. At times it is preferred to dust over the entire surface, lightly, with finely powdered alum when there is a general tendency to superabundant granulation. When too great moisture of the entire surface requires correction it is gone over with chromic acid in a three per cent aqueous solution. When, on the other hand, the parts become too dry they are kept covered with gauze which has been saturated with sterilized olive oil. Should an exposed bony surface, in spite of the dressing of oil, become still drier, and show a tendency to necrosis, it is kept covered with the so-called *König salbe* of the German pharmacopœia, spread thickly upon gauze. This salve appears to more closely resemble the Linimentum Terebinthinæ than the Unguentum Basilicum of the United States pharmacopœia, possessing a stimulating action, due in great measure to the oil of turpentine which it contains. This application failing to sufficiently stimulate a bony surface, it is next lightly chipped, at several points, with the mallet and gouge. For the ordinary stimulation of a sluggish granular surface, however, a light dusting with iodoform is usually sufficient.

When a new and tender epidermis begins to form along the edge of a granulating surface, but is kept moist and macerated by the adjacent granulations which almost tend to override it, the new skin is dried and protected by a light powdering with aristol, which is applied over the cutaneous surface alone. When the new epidermis covers a larger area, after the final healing of a cavity or an incision which has been encouraged to close rapidly, for instance, it is rendered harder and firmer, and thus given protection, by brushing it over with nitrate of silver in solution, one per cent being the strength employed for this purpose. The same solution is used to allay itching in the new epidermis, and to correct a tendency in such parts to moist eczema.

In closing I would say that I did not see skin grafting resorted to in any case among the many whose progress I watched, but the control of the healing process, and the precision with which definite results were brought about, seemed to leave nothing to be desired. In the case of cavities which were permanently retained and made to cicatrize throughout with firm epidermis, the main reliance was placed upon the mode of daily packing, and the constant mechani-

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cal pressure, of varying degree, which was thus maintained upon the granulations, the correct application and regulation of this pressure requiring the exercise of much judgment and experience.

THE WHEN AND WHY OF MEDICAL GYMNASTICS.

BY MARY REED MULLINER, M.D., BOSTON, MASS.

One of the most remarkable of the many fads of the end of the nineteenth century is that for athletics and physical education.

Unlike some, it is a most commendable fad, and one would suppose it would be at once countenanced and encouraged by physicians; but the fact is, the great majority of them have absolutely no knowledge of why such a thing is good, much less why it is necessary.

The ignorance on the matter among otherwise well-informed and progressive members of the profession is astonishing and most lamentable.

We all feel it is a disgrace to us if we don't keep up with the times and know all about the anti-toxine treatment, the X rays, and every new and important scientific development. It is then a tenfold disgrace that not one physician in a thousand has taken the trouble to inform himself of a therapeutic means so widely useful as is physical exercise.

Even the Chinese and Hindus knew infinitely more about it three thousand years ago than do the educated medical men of to-day.

A patient may ask if he had better go to a gymnasium, and, mostly, the doctor says "yes" or "no," according to his prejudices.

If he has known of some one being injured in a gymnasium, he probably says "no," with a capital N. It is enough for him that some one had met with a severe accident in the place. The whole thing must be bad, and he frowns upon it. Of course he does n't inquire as to why or how the accident happened, nor whether it necessarily proved all gymnastics harmful.

Again, if the physician says "yes," ten to one he does n't know what he is recommending, or why he does it. He is n't qualified to judge of the work done in a gymnasium. What does he know of the physiological order that should be observed? What does he know of the effects of certain exercises, or even of exercise in general?

He ought to know, but he does not. At least nine hundred and ninety-nine out of every thousand physicians do not. He is completely, densely ignorant of whether it is advisable for his patient to have gymnastic work, or how far his remedial treatment can be supplemented and improved by exercise.

Did you ever say to one of your patients, "Oh, you need to take more exercise; you really must."

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Of course the patient will, and meekly asks what exercise you will recommend.

"Well," you may say (and you are mentally conscious of feeling around in your mind for an idea, an inspiration, as it were, to cover your lack of definite knowledge), — "well, walking, for instance; use dumb-bells, or get some chest weights; oh, yes, chest weights will be very good."

Now, how is that scientific advice? No suggestion as to how much exercise or how often; no information as to what parts to be specially used, nor in what order.

No recognition of the fact that the benefit of exercise is largely dependent on the cerebral impulses, on correct position, on regular breathing, and on the quality of the air in which it is taken, to say nothing of clothing, etc.

If all your prescribing were done in this slipshod way, you would be a very harmless member of society; for the opportunities for giving advice would be likely to be few and far between.

There really is a scientific basis for exercise, though it does not seem to be known to most of the medical profession. Physiology is studied in medical schools because it has to be, but it is another thing to apply it to common-sense uses.

If we thought anything about it, we would see that if using a muscle brought more blood to it, when we wanted to move blood from a congested liver or uterus we could do it by calling some muscles into action.

When we know that the condition of the intestines echoes that of the muscles over them, reason would indicate the development of the abdominal muscles.

It is curious how the profession has never noticed that if the brain is used much, it appropriates a large share of the blood of the body.

If the biceps are excessively exercised, they claim an inordinate share of blood, and their nutrition is correspondingly increased.

It can't be this fact has been generally observed, for if it had been the logical deduction must have been drawn that each part of the body could have its turn in receiving an extra supply of blood, and being nourished to the utmost, as they could not be if only one or two members took it all.

Well, evidently, all physicians are not logical, or the lack of a working knowledge of kinesiatrics would not be so sadly manifest.

It is not supposed to be a "cure-all." There are definite limitations of its applicability to certain pathological conditions, and if ill advised harm surely results.

In some few conditions, as sprains, scoliosis, synovitis, etc., medical gymnastics form a sufficient means of cure, but their widest therapeutic use is in the sphere of prophylaxis and adjuvant medicine.

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Exercise creates a demand for more oxygen in the tissues; it comes more quickly, and the CO_2 goes away faster.

Is it necessary, then, to remind you how often you have met with the condition in which just this rapid oxygenation is essential to the restoration of health? Quite too frequently have patients lingered in the borderland between robust health and good-for-nothingness because their medical attendants did not know enough to apply their physiology and prescribe proper exercise.

Voluntary muscular contraction implies brain work, nerve work, and muscle work, with increased blood supply and consequently more nutrition. But the nerves are even more active than the muscles, and appropriate a greater share of food.

Now, what is the inference? Unfortunately we, as a profession, have n't been in the habit of making any. Mechano-therapy says, use this fact in the treatment of neurasthenia and neuralgia. The nerves in these conditions are impoverished and need blood — good blood. Why should they not have it in nature's own way, instead of being cheated with drugs and tonics?

In neurasthenia there is increased irritability of the sensory sphere, with a marked tendency to fatigue, especially of the muscular system.

Such a case should be given massage to relieve the various spots of numbness or neuralgia, and to improve the assimilation of the food that is given. [Of the food itself this is not the place to speak.]

Then, twice daily, the patient should put on a gymnasium suit and go through a scientifically arranged series of movements, either passive, active, or resistive, according to his condition. The kind and order of the movements must be such that they will increase the respiration, equalize the circulation, improve the quality of the blood, stimulate digestion and assimilation, and diminish the irritability of the sensory nerves by cultivating the motor.

The patient becomes interested in the exercises, there is occupation for his mind in simply the putting on and taking off the special suit; for that long a time, at least, he thinks of something besides his ailments. Moreover, he feels that something is really being done for him, and that he is helping to do it. The reflex mental effect is therefore inestimable in bringing about a cure.

There are no physiological facts that are better established than those on which medical gymnastics are based. From them we find an application of the movement cure whenever there exists a disturbance of the circulation, a depraved or impoverished state of the blood, a lack of respiratory power and capacity, impaired nutrition — general or local — or a morbid condition of the nervous system.

In an experience which gave me the opportunity to know and prescribe for the physical condition of some seven hundred women

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and girls in a gymnasium, I found there was a very small percentage who were really well. Generally there were discoverable only functional troubles, as indicated by habitually cold hands and feet, headaches, constipation, indigestion, and more or less painful menstruation.

But the bulk of a physician's practice is made up from functional troubles, and a wide-awake doctor should know whether there is anything in gymnastics to relieve the functional ailments when drugs often fail most signally.

From my experience as above I am convinced there is nothing surer or better as a therapeutic means than properly conducted exercises.

Each patient must be taken as an individual, and given definite work, with careful progression, and then watched — closely and carefully watched.

Though it is done every day, it won't do to turn a patient loose in a gymnasium, even with the best apparatus made, and then expect him to be greatly benefited. He may be, but it's with no thanks to his doctor that it happened so!

Of the two divisions of medical gymnastics, massage and movement, it would seem as if enough had been said about the indications for and effects of massage to enable every physician to prescribe it intelligently, but: —

There is a time when the usefulness of passive manipulation ceases, and the cure must be completed by movements, either passive, assistive, resistive, or active. That time varies in individual cases, and it is the part of a skilful practitioner to differentiate when. In two cases, within a few days, I declined to give massage where it had been recommended by physicians, because it was not indicated. If my fellow-practitioners had known what massage does, and why it is useful, they would not have suggested it.

The action of massage may be expressed in a word, by saying that the hands of the masseur act as two extra hearts to pump along the circulation, especially the venous circulation.

It is useful whenever in accessible parts there is congestion, effusion, serous or fibrinous, benign deposits, etc., and when passive exercise only is desired, as in the "rest cure."

It is contra-indicated in high temperature, in septic conditions, and whenever the material that would be swept away is of a nature to harm the rest of the organism.

Among the specific ailments for which mechano-therapy has been successfully employed may be mentioned neuralgia, myalgia, articular and muscular rheumatism (excluding the inflammatory form), palsies of peripheral origin, sprains, synovitis, fibrous ankylosis, chronic metritis, chlorosis, chronic catarrhal gastritis, incipient phthisis, neurasthenia, cerebral, thoracic, and pelvic congestions, constipation, hemorrhoids, atonic dyspepsia, chorea, etc.

A formidable list truly, and it also emphasizes the incomprehensi-

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bility that the medical profession as a whole should be so absolutely ignorant of the possible usefulness of kinesiatrics.

Possibly when medical students have to study it as a part of the prescribed course, they will take the trouble to learn something about it, and then the old-fogy, conservative brother will begin to wake up, perhaps!

THE profession is full of time-servers, money-seekers, sharks, and cormorants, and it is well for it to be known and recognized. Satan's question, "Doth Job serve God for naught?" may with profound significance be put to men high in the ranks of American medicine, men who care naught for the real glory of professional work, the higher professional devotion, but look for nothing but the loaves and fishes — to jump from the old to the new dispensation. It is this which renders medical testimony so untrustworthy in the eyes of the laity. It has actually come down to this, that not only can a man's opinion be bought, but even his active interference in cases where, from his own writings in books, which are put forth as words of authority, he contradicts his expressed theory and for the filthy lucre sells his science, if such we may call it, for the shining gold. We do feel that, for the honor of our profession, we should put our stern protest upon such violation of ethical principles as we meet with daily, even in the high places of the profession. — *St. Louis Clinique.*

STARVING IN HEART DISEASE. — At a recent meeting of the Berlin Medical Society, Dr. Hirschfield read a paper on the nutrition of patients with heart disease. He took the somewhat startling position, in which, however, he was sustained by the approval of many of his hearers, that patients with heart disease, in the stage of imperfect compensation, should take as little food as possible, not even enough to sustain the body weight. It was formerly the custom to give as much nourishing food as possible, with the idea of strengthening the heart. The speaker maintained, however, that in this way too much work was thrown upon the heart, and that the organ was spared and its muscles strengthened by giving very little food, say about a pint and a half of milk a day. Senator, among others, agreed with the speaker in this view. — *New York Medical Times.*

CURIOUS METHODS OF HOSPITAL BEGGING IN LONDON. — In commenting on the expressed disapproval by the Hospital Sunday Fund of street collections on Hospital Sunday, *The Lancet* says that on a recent Sunday in a certain part of London there was a street procession organized in aid of a hospital, the name of which is charitably withheld. In addition to the usual bands and banners of friendly societies which accompany these processions, there were tradesmen's carts, decorated with flowers and vegetables, the name of the owner of the vehicle being, of course, conspicuously visible. But the principal "attraction" was a man on what was supposed to be a sick-bed, and attended by two nurses, one of whom was a qualified nurse and the other a person masquerading in a nurse's costume. — *Medical Record.*

MUCH astonishment as well as indignation has been aroused in medical circles over the curious actions of our new charity commissioners. They have had a ward set apart in Bellevue Hospital, in which they are testing a secret specific for inebriety. This is being done without the counsel or supervision of the medical board. The spectacle of the executive officers of a great and historic hospital grappling with the hard problems of experimental therapeutics ought to add much to the gayety as it does to the silliness of the season. — *Medical Record.*

ETHER COLLAPSE. — One part of camphor to ten parts of olive oil used hypodermically is effective in ether collapse. One grain of camphor may be given. — *Medical Record.*

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EDITORIAL.

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THE OPERATIVE CRAZE.

Under the head of "The Operative Craze," Dr. Martiny, in a recent number of the *Revue Homœopathique Belge*, has some rather drastic, but not ill-deserved, comment on the modern tendency to make the subject of surgical operation, not only those diseases once thought incurable by any means, but also those diseases once known to be curable — perhaps more conservatively and slowly, but assuredly with less risk and at less cost — by medical means. Thus, in approximate translation, Dr. Martiny speaks: —

"The discovery of surgical anæsthesia has been, beyond peradventure, an incalculable blessing to all those brought by necessity to surgical operation. . . . Etherization minimized the patient's discomforts under operation; it minimized also the strain on the nerves and sensibilities of the operating surgeon. And now that asepsis and antisepsis have added their subsequent safeguards to the oblivion of anæsthesia, operative surgery is, I venture to say, becoming audacious to the point of recklessness. To-day there is scarcely an organ not absolutely necessary to life whose removal is not, on comparatively slight call of emergency, glibly proposed by consulting surgeons; too often warmly seconded by the attending physician. It is the day of the operative craze. And this craze finds its most frequent and most mischievous sphere in operations on the genito-urinary system of women. For a simple engorgement, for a slight induration, for a mere catarrh — presto! the abdomen is laid open, and removal is made of a part — nay, of the whole — of the uterine apparatus. This has been done in search of relief for simple ovarian neuralgia. 'Operate, and operate at once!' has become the war cry, arising not only from the surgical, but from the medical side of the profession. The danger we ourselves have too lightly waved aside is brought to our remembrance from the ranks of the thoughtful laity. Hear what *Le Soir* has lately had to say on the matter: —

"'Science, behind the mists of chloroform, seems practising ovariotomy for its own amusement nowadays! A record of forty thousand ovariotomies lately saluted our somewhat horrified gaze. Horrified, because this record reads, Forty thousand women set beyond the limit of possible motherhood!

"'Of every one of these cases sociology should sternly demand of science, Was this operation unavoidable? Had intelligent and persevering medical treatment done its utmost before operation was resorted to? Do the results justify your dewomanization of your

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unfortunate patient? Was the case put firmly and fully to the patient before her consent was obtained? In all the vast number of these cases when no question of life or death was involved, was the patient reminded that in purchasing a possible relief from mere pain, she was selling her essential physical womanhood; if unmarried, forfeiting the probability of wifehood; if married, forfeiting the possibility of maternity? We confidently assert that if these demands were pressed home, an amazing majority of these cases would remain whole, if suffering women, still in the hands of physicians, with more than a fair chance for remaining whole and becoming healthy women!'

"*Le Soir* is undoubtedly right in the main points of its argument. Medicine, and especially homœopathic medicine, has many resources which we are in honor bound to exhaust before recommending the knife. The reaction against the operative craze is an inevitable and healthy one."

To which wise words of Dr. Martiny, it remains to be added, that the operative craze has attained its present dimensions quite as much through the indolence and timorousness of physicians as through the self-assertion of their *confrères*, the surgeons. The latter rarely exceed their prerogative, advancing the claims of their distinctive branch of work. It is too frequently the case that the family physician, suggesting operation, felicitates himself on doing the liberal and up-to-date thing. If he were made to feel, instead, that in summoning surgical aid in anything less than a life-and-death emergency he is advertising the worthlessness of medical resource, or his own ignorance of or ineffectualness in its employment, there would far fewer cases be submitted for operation. Nor, in the long last, would patients be the losers.

EDITORIAL NOTES AND COMMENTS.

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DIET AS AN AGENT IN MORAL REFORM has figured, not uninstructively, in certain experiments lately tried at the Elmira Reformatory, New York. The experiment in question is thus interestingly described in the *Medical Review*: —

"The proposed experiment contemplates a somewhat enlarged scale of dietary privileges, increasing from grade to grade, from the lowest to the highest, so that within due and proper limits of indulgence of the appetite by prisoners in a prison reformatory for crime, they can out of their own accumulations have the privilege to select

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meal by meal at their pleasure, provided always that they keep their expenditure within the limits of the reformatory. The prisoners, under the wage-earning system of the reformatory, as it is at present, must earn their living and keep a credit balance to their accounts, respectively, in order to progress toward their release by parole. A prisoner, to maintain a credit balance, must needs restrain, regulate, and exert himself in a manner which accomplishes and shows his improvement; but hitherto the diet rate has been inflexible. It is believed that if more latitude is allowed, and the prisoner has a chance of tickling his palate occasionally with mince pie, a juicy roast, or other homelike dainties, he will be more likely to make an extra effort to reform. In other words, if he has an inviting menu to choose from for breakfast, dinner, and supper, he will get up and hustle and be a man."

It is an old proverb, that the way to the average man's heart lies through his stomach. The present experiment may establish the fact that the way to his conscience lies along the same route. But care must be taken that excess of virtue does not result in dyspepsia; lest — dyspepsia, as we all know, waking in its unhappy victim, in any walk of life, his most unamiable possibilities — the last estate of the man be worse than his first!

A Bold Plea for Mental Therapeutics, which at the same time is an eminently sane and scientific plea, is that lately made in the *Lancet* by Dr. A. T. Schofield. We quote a few paragraphs from the paper in question, and beg especially careful reading and consideration for those dealing with the instruction of medical students in mental therapeutics, as in a valued and entirely comprehensible branch of the medical art: —

"Here and there great masters in medicine have admitted the enormous value of mental therapeutics, but the subject has not been followed up save for the sake of filthy lucre by quackery. It is the same in the teaching, clinical or otherwise, in the hospitals or classrooms. Students listen with rapt attention to the powers of guaiacol, piperazine, phenocoll, and the whole round of well-advertised modern drugs; but how often is their attention directed, save in ridicule, to this mighty curative agent, that in its powers pretty well balances the whole pharmacopœia — the mind? Does any practical medical man doubt these powers? Is he not aware of the ingredient faith, which, if added to his prescription, makes them often all-powerful for good? Does he not practically know the value of strongly asserting that the medicine will produce such and such effects as a powerful

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means of securing them? Have not general practitioners often seen how much more efficacious the very same drugs have proved when prescribed in the physician's solemn consulting room than they were when connected with their own humbler environment and less august presence? If, then, this power is so well known, why, in the name of common sense, should it be poohpoohed and ignored as it is? It has its laws of action, its limitations, its powers for good and for evil; would it not clearly help the medical student if these were indicated to him by his lawful teachers, instead of his gleaning them uncertainly from the undoubted successes of the large army of irregulars? There can be no doubt that, after all, a silent revolution is slowly taking place in the minds of medical men, and that our present text-books on disease, content with merely prescribing endless selections and combinations of nauseous drugs, and dismissing any mental cure in a single line as unworthy of serious consideration, will soon be replaced by others containing views more worthy of the century at the close of which we live. For although these drugs are still administered, but few medical men now believe that they are the cause of the cure, for very gradually it is beginning to dawn upon us that most nervous diseases are easily and naturally treated by mental therapeutics, and that the still persistent efforts to cure them by the stomach are neither reliable nor rational. It ill becomes, therefore, the medical man, who recognizes in these cases that it is the mind that cures, to decry any form of faith cure, however little its process may be understood by him in detail. We have seen that the powers of the subconscious mind over the body are well-nigh immeasurable; and knowing, as we now do, that our old division into functional and organic diseases is merely the expression of our ignorance, and that all diseases, even hysterical, involve some organic disturbance, we are prepared to believe that faith cures, putting into operation such a powerful agent as the unconscious mind, or, if you prefer the formula, "the forces of Nature." are not necessarily limited to so-called functional diseases at all. Dr. Tuke's cure of warts by faith is well known, and, in spite of the imposture that has lately been exposed at Lourdes, there is great difficulty in believing that the cures effected there and elsewhere are limited to what we call functional diseases. It is perhaps the connection of mental therapeutics directly with faith healing, Christian science healing, and hypnotism, and indirectly with quack remedies of all sorts, that has so far deterred the profession from examining very closely its wonderful powers. This disgust is natural if we consider, for instance, one or two sentences from Mrs. Eddy's book on 'Christian Science.' She says: 'If the disease is consumption, begin your argument by taking up the leading point, showing that it is not inherited, and that inflammation, tubercles, hæmorrhage are but thoughts, beliefs, mental images before mortal minds, not the immortal mind. Drugs and cataplasms are shocking substitutes for the dignity and potency of mind.' And again: 'Ossification, or any abnormal condition of the bones, is the action of

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the mind as directly as insanity. Bones have no more substance than thoughts; what we call matter was primitively error in solution.' Small wonder, in the face of such remarkable statements, if some turn with disgust from the whole subject. But we do maintain that it is largely our own fault if the science of mental therapeutics is thus parodied, for it includes no such vain metaphysical theories as we have quoted, nor any such surrender of will and personality as hypnotism requires, nor the revolting assumption of the miraculous that is seen in many faith-healing centres. On the contrary, the careful study of the subconscious mind and its connection with the body on one side and consciousness on the other delivers us both from unnecessary hypotheses and objectionable practices. When these laws have become the subject of serious study, and when the whole science is better understood and earnestly taught in the profession, the misuse and abuse of this great therapeutic agent by ignorant quacks will largely cease and the true curative agent of nearly all diseases will at last stand revealed."

MUSIC AS A THERAPEUTIC RESOURCE is of late receiving serious scientific attention as a branch of mental therapeutics. The influence of music on the insane has long been recognized and, in a general way, utilized. In this connection the following quotation from the *Popular Science News* is of interest: —

"A distinguished French scientist has attempted a new application of the theory of the transformation of mechanical movement into psychological and psychical movement, with a view to employing music as a means of curing or alleviating diseases of body and mind. He attempts an ingenious scientific explanation of the general influence of music on the development and functional play of the moral and intellectual faculties, and on the physiological state of individuals. This general influence may be decomposed into specific influence, and the following results arrived at: —

"There is, first, a music which acts especially on the intelligence and on the motor nerves; secondly, a music which acts specially on the nerves of sensibility and on the sentiments; thirdly, a music which acts all at once on the motor nerves and on the sensory nerves, on the intelligence and on the sentiments, this in general being the action which most frequently occurs. This enthusiast goes to the extent even of believing that he has discovered between the effects of music and the nutrition of the nervous system such analogies that the laws which regulate the one and the other might be formulated in the same terms. Nay, further, we might establish a method in hygiene, in medicine and the moral sphere for profiting by these specific influences, above all in the treatment of mental nervous afflictions, making allowance of course for individual idiosyn-

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crasies. In short, music is an agent at once psychical and therapeutical, capable of performing a considerable part in the phenomena of life, the employment of which is susceptible of application according to precise rules, based upon scientific principles."

SOCIETIES.

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MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-sixth semi-annual meeting of the society was held at Worcester, Wednesday, October 14, 1896.

The meeting was called to order at 10.30 A.M., by the president, Frederick B. Percy, M.D.

The records of the last meeting having been read and approved, the following candidates were elected to membership: Carl Crisand, M.D., of Worcester, and George W. Haywood, M.D., of Lynn.

The president then introduced, as a delegate from the Maine Homœopathic Medical Society, Dr. Hanscomb, of Rockland, Maine, and also Dr. W. H. Weeks, of East Harwich, as delegate from the Vermont Homœopathic Medical Society.

Dr. Percy, in behalf of the committee appointed to investigate and controvert the charges made against Westborough Insane Hospital, made a brief verbal report of progress, which was accepted and the committee continued.

Dr. Winthrop T. Talbot, with explanatory remarks, moved that a committee of five, composed of three representatives of the medical profession and two of the law, be appointed by the president to investigate the subject of the regulation of medical expert testimony in the State of Massachusetts. Carried.

The president appointed on this committee Walter I. Badger, Everett W. Burdett, and Drs. Horace Packard, W. T. Talbot, Frank C. Richardson.

Report of Committee on Surgery, J. K. Warren, M.D., chairman.

1. Cystoscopy and Ureter-Cystoscopy, James Krauss, M.D.
2. A somewhat Complicated Cœliotomy, Winfield Smith, M.D.
3. Amputations at the Hip Joint, Horace Packard, M.D.
4. Cancer of the Rectum; a case, J. K. Warren, M.D.

Dr. Krauss, in paper entitled "Cystoscopy and Ureter-cystoscopy," explained the construction of the cystoscope, which instrument was exhibited to the society. He described its use and the advantages to be derived from it, giving an interesting and instructive description of normal and pathological tissue as it appears through this instrument.

Discussion.— Dr. Whitmarsh complained that one cystoscope which he had used generated so much heat as to render the patient very uncomfortable.

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Dr. Krauss said that this trouble was easily remedied by temporarily shutting off the current.

A Somewhat Complicated Cœliotomy.— Dr. Winfield Smith reported a cœliotomy performed under the most unpromising circumstances, and yet followed by perfect recovery. The author wished to emphasize the deduction that the most untoward and gravest symptoms should not deter the surgeon from making the effort to save life.

Amputations at the Hip Joint.— Dr. Horace Packard, after explaining the original Wyeth's method of bloodless hip joint operation, illustrated his modification thereof by the report of a case of hip joint amputation made necessary by the ravages of osteo-myelitis. By introducing one pin in front so as to pass between the bone and blood vessels, the vessels were compressed by winding a ligature about these tissues. The posterior pin was passed beneath the gluteal vessels which were in turn compressed by ligature. The remaining tissues were uncompressed. The author had found that this modification greatly facilitated the operation.

Discussion.— Dr. Winfield Smith spoke of the greatly improved methods of amputation by reason of which it is now possible to make a very favorable prognosis of these cases.

Cancer of the Rectum; a Case. — Dr. J. K. Warren in his paper laid stress upon the importance of early diagnosis and immediate and thorough extirpation of cancer of the rectum. He illustrated his point by the report of a case of this most distressing malady upon which he had operated successfully, and showed the pathological tissue removed.

Discussion. — In reply to question by Dr. Rand, Dr. Warren said that the patient had become able to control the fæcal movements by means of the accessory muscles, the sphincter having been necessarily removed.

Dr. Winfield Smith agreed with Dr. Warren in advocating the radical operation before making colotomy.

Before closing the Bureau, Dr. Warren announced that at last Worcester has a homœopathic hospital. Through the generosity of a lady resident, land and building have been provided and the hospital is fairly launched on its career.

At 12.30 the meeting adjourned for lunch, to reassemble at 1 P.M., at which hour was presented the report of Committee on Ophthalmology, Otology, Rhinology, and Laryngology. Howard P. Bellows, M.D., chairman.

1. The Prevention of Deafness, J. M. Barton, M.D.

2. Report of a Case of Tuberculous Laryngitis, and a Case of Empyema of the Maxillary Sinus, George B. Rice, M.D.

3. The Treatment of Granulating Surfaces at the Ear Clinic in Halle, Howard P. Bellows, M.D.

The Prevention of Deafness. — Dr. J. M. Barton urged the importance of prompt attention to acute affections of the ear, giving

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concise indications for the use of homœopathic remedies in the various forms of ear trouble.

Discussion. — In reply to a question Dr. Barton said that for the purpose of removing hardened wax from the ear it is his custom to use first an injection of warm solution of bicarbonate of soda. If this is not effective and the wax is much hardened, he uses a mixture of olive oil or almond oil with ether. This shrinks the wax and makes it easy of removal.

Dr. Cushing has found that dropping fluids into the ear frequently causes cough, and he has wondered if some coughs might not have their origin in ear trouble.

Dr. Barton, in reply to question, said that the use locally of acetanalid has relieved troublesome itching in the ear.

Case of Tuberculous Laryngitis, and a Case of Empyema of Maxillary Sinus. Dr. George B. Rice reported a case of tuberculous laryngitis with exhibition of the larynx removed post-mortem. Also a case of empyema of maxillary sinus following the extraction of a tooth.

Discussion. — Dr. Batchelder had been especially interested in the specimen of larynx exhibited by Dr. Rice. We find in this specimen an illustration of how the epithelial cells deviate from the normal as a result of disease. It also illustrates the tendency of the invasion downward and toward the median line. Feels that Dr. Rice was justified in diagnosing tuberculosis, even though the microscope did not at first substantiate it.

Dr. Martin, of Lowell, reported a case of pus accumulation in the antrum.

The Treatment of Granulating Surfaces at the Ear Clinic in Halle. — In this paper Dr. Howard P. Bellows gave a most interesting description of the methods in vogue at this clinic and commented upon the excellent results obtained.

Report of the Committee on Gynæcology. Alonzo Boothby, M.D., chairman.

1. Present Status of Gynæcological Electro-Therapeutics, Frank C. Richardson, M.D.

2. The Treatment of Abortion, George R. Southwick, M.D.

3. The Faradic Current in Diseases of the Uterus, Clara E. Gary, M.D.

Present Status of Gynæcological Electro-Therapeutics. — In this paper the author reviewed the modern methods of using electricity in gynæcological practice, and claimed the successful application of this agent had been an important factor in restoring a healthy conservatism in the treatment of diseases of women.

To achieve success with this therapeutic method the physician must not only be a skilled gynæcologist, but must possess a thorough knowledge of electricity and employ scientifically constructed apparatus.

Discussion. — In reply to question, Dr. Richardson said that the positive pole was used to control hæmorrhage in cases of fibroid.

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Dr. Batchelder wished to inquire if in the opinion of the author electricity could be relied upon to control all uterine hæmorrhage caused by fibroids.

Dr. Richardson, from an experience with a considerable number of cases, believes that in the majority of cases the galvanic cauterization will check the hæmorrhage. Has heard of failures, but believed them due to insufficient current strength. Considers that a current of seventy milliampères and over is necessary for satisfactory result.

Dr. Southwick has for ten years used electricity in gynæcological practice and values the agent highly. Wished to fully indorse the paper. To get best results from gynæcological electro-therapeutics one must have not only a thorough knowledge of electricity, but also be expert in diagnosis. Thinks it is of undoubted value in treatment of fibroids, but has met cases where it did no good. It will not always stop hæmorrhage. Does not believe in puncture.

In regard to the current of sedation, thinks the faster the vibrations the more sedative the effect. Is in the habit of using electricity in conjunction with the ordinary local treatment. Thinks the cheap portable batteries with which the market is crowded are of no use in gynæcology. Would lay particular stress upon the importance of rest after electrical treatment.

The Treatment of Abortion. — Dr. Southwick gave an exhaustive *résumé* of the modern methods of conducting abortions at the various periods of pregnancy, paying especial attention to the various aseptic and antiseptic measures in vogue, and urging that the uterus should be carefully but thoroughly emptied of its contents.

Discussion. — Dr. A. M. Cushing thinks the majority of these cases get well, asepsis or no.

Dr. J. H. Sherman thinks that, where there exists any doubt as to the complete expulsion of the uterine contents, a specialist should be called and the womb properly cleaned out.

Dr. E. P. Colby reported a complicated case of abortion where there were twins. After the first fœtus came away, extracted the second fœtus and first placenta, the second placenta being retained till after fever had developed. Urges thorough examination to make certain that everything has come away.

Dr. Cate advises to clean out the womb at once.

Dr. Cushing thinks the finger is the best curette, and that we can rely a good deal on medicine.

Dr. Moore reported a case where during the past six years the patient has three times been delivered of a dead fœtus, which in each case has died about six weeks before full term. She is now pregnant again, and it is a matter of interest to see if her former experience will be repeated.

Dr. Rand spoke of a case of abortion where the patient made a prompt recovery, but six weeks after there came away a piece of placenta as large as a hen's egg.

Dr. Packard dislikes to hear remarks similar to those of Dr.

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Cushing's. Of course we must believe that, as Dr. Cushing says, in his cases the fœtus dies, the womb throws off its contents, and nature completes a cure. But this is a matter for personal congratulation rather than an argument against the modern methods of prompt aseptic evacuation of the uterine contents. Must insist that asepsis and antisepsis are matters of the greatest possible importance in the conduct of these cases. By the use of these precautions it is possible to terminate the case quickly and safely without having to wait for nature.

Dr. Cushing was glad to hear Dr. Packard's criticism, and had only to say in reply that he had been taught to make use of homœopathy and in a long practice had never lost a case of abortion.

Dr. Winfield Smith questioned the necessity for packing the uterine cavity. Believed that if the curetting was thoroughly done and carried down to healthy uterine tissue as it should be, the hæmorrhage would cease.

Dr. Powers commended the finger as a curette. Thinks we should be cautious as to the use of iodine, carbolic acid, etc., especially if the inflammation has extended to the body of the womb, as in these cases the sealing up, as it were, of the uterine cavity by these agents was dangerous.

Dr. Fred L. Emerson cited a case of abortion illustrating the value of antiseptic treatment in even unpromising cases. After five weeks of severe flowing, interference was finally allowed and a large quantity of fœtid tissue was removed, after which the patient made rapid recovery.

Dr. Hanscom spoke of a case of criminal abortion, partial delivery, and profuse hæmorrhage. In addition the patient had a large fibroid. Asepsis, curetting, and intrauterine douching brought about recovery.

Also spoke of a death resulting from perforation into the peritoneal cavity by a knitting needle, used in an attempt to induce abortion.

Dr. J. Heber Smith considers that internal medication is most useful in controlling hæmorrhage in the early months. Has found the application of heat over the lumbo-sacral region to be very effective in producing uterine contraction reflexly. Spoke of the danger of infection from catheterization, and has been able to relieve post-partum retention by flushing the rectum with hot water. Reported a case of double uterus.

Dr. Southwick discussed the question of packing the uterine cavity in cases of hæmorrhage. Usually the rapid and thorough evacuation of the uterine contents would stop the bleeding, but not always. As an illustration of intractable hæmorrhage, told of a case where the patient already exsanguinated by hæmorrhage incident to abortion came under his care. The uterus, which was large with narrow cervix, was emptied but the hæmorrhage did not cease. The blood seemed watery and did not clot. Intrauterine douches of hot water seemed to check the bleeding and the womb was packed with gauze. Six hours later patient started flowing again, and in spite of repeated

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packings, the use of styptics, etc., the patient became so weak from loss of blood that it was necessary to resort to stimulants and saline injections. The hæmorrhage was finally controlled by swabbing the uterine cavity with iodine, and the patient made a slow recovery. In this case the excessive hæmorrhage was probably due to the fact that the blood had lost its coagulating property.

Does not believe that the use of carbolic acid and iodine "seals up the uterine cavity," as Dr. Powers had intimated.

As the time allotted the Bureau had expired, Dr. Gary's paper was not discussed.

Report of the Committee on Materia Medica. N. W. Rand, M.D., chairman.

1. Phaseolus, the New Heart Remedy, A. M. Cushing, M.D.
2. An Analysis of Bryonia, E. D. Fitch, M.D.
3. Rectal Symptomatology, H. E. Spalding, M.D.
4. Aletris Farinosa, a Type of the Vegetable Bitters; Their Value, J. Heber Smith, M.D.

Phaseolus, the New Heart Remedy. — In this paper Dr. Cushing gave a detailed report of symptoms occurring during a proving of this remedy, and argued therefrom that it should be a valuable drug in the treatment of cardiac affections.

Discussion. — Dr. H. C. Clapp has used phaseolus in three cases of heart disease accompanied with dropsy, and in all three the result was negative. Used a decoction of the pods first, and afterward the whole bean freely.

Dr. Cushing uses the best white beans.

An Analysis of Bryonia. — Dr. Fitch gave a most complete analysis of this drug, following the concordance method.

Discussion. — Dr. J. Heber Smith wished to commend most heartily the paper. Believes in the value of drug analysis by this method. Does not insist upon his students committing to memory the raft of symptoms found in the text-books. Rather seeks to have them acquire a knowledge of the sphere of action of the drug.

Dr. Barton spoke of the frequent confirmation of the Bry. indication, "pain increased by lying on the painful side and aggravated by motion." Has found the drug of especial value in constipation, due to the prolonged use of opium and its derivatives.

Dr. Lamson Allen criticised the concordance method as eminently unsatisfactory, as, indeed, are all methods so long as provings are not made scientifically. We must, for example, know first of all that the prover is in a perfectly healthy condition before taking the drug.

Dr. N. W. Rand, in giving Bry. for cough, has learned to rely upon the aggravation by heat.

Dr. J. Heber Smith. — As a rule the more poisonous the drug the more valuable it is as a remedy; still there are many remedies supposed to be inert, upon which we have learned to depend. Phaseolus, recently discussed, may be one of these. We certainly need to study the human system more thoroughly, even if we have to let the prov-

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ing go. We must not educate our patients to think that everything that happens to them after taking a pill is necessarily due to that pill.

Dr. Rand. — What we want to know is what a drug will do to the average person, not its action upon some one individual with inevitable idiosyncrasies.

Aletris Farinosa, a Type of the Vegetable Bitters. — Dr. J. Heber Smith in this paper gave a most interesting and instructive *résumé* of the sphere of action of this class of remedies, dwelling especially upon the indications for Aletris Farinosa.

Time would not admit of the discussion of this paper.

After the close of the Bureau, Dr. J. P. Sutherland exhibited and explained a new electric centrifuge, manufactured and sold by Otis Clapp & Son. Of the various centrifuges on the market, Dr. Sutherland considers this the most practical and useful. For the purpose of securing urinary sediments, or the separation of blood constituents, it will be found invaluable.

Report of Committee on Dermatology, Syphilology, and Genito-Urinary Diseases. John Lambert Coffin, M.D., chairman.

1. The Extra-Genital Primary Lesion of Syphilis, John Lambert Coffin, M.D. Discussion opened by Winfield Smith, M.D.

2. Lupus Vulgaris, A. H. Powers, M.D.

The Extra-Genital Primary Lesion of Syphilis. — This was an exposition of the frequent occurrence of syphilis insontium. The paper spoke of the many and varied sources of infection, and entered a plea for some measure tending to the restriction and control of syphilis in this country. The author does not agree that the registration of prostitutes legalizes prostitution; it is simply legal recognition of the evil, and recognition of it is the first step towards its correction.

Discussion. — Dr. Winfield Smith. The prevalence of syphilis in this country emphasizes the necessity for some preventive measures. During the past few years the spread of this disease in America has been alarming, and there is imperative call for drastic suppressive measures. It is a surprising fact, which I learned on good authority, that syphilis is at the present time almost unknown in Rome and Naples. The general opinion of the Italian observers, explanatory of this fact, is that at some time, more or less remote, the progenitors of the present Neapolitans and Romans became infected and have transmitted the disease down along the line until the present generation is immunized, as it were, by an attenuated virus. Spoke of the marked favorable effect upon these secondary manifestations of syphilis of physiological doses of the iodides.

Lupus Vulgaris. — Dr. Powers reviewed the modern views as to etiology, diagnosis, and treatment of this disease, and illustrated his remarks by report of cases.

Discussion. — Dr. Packard spoke of a case of lupus unusually situated on the calf of the leg.

Dr. Coffin advocates early operation upon lupus.

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Dr. Nichols reported a case of lupus on the neck of fifteen years' duration. It was operated upon three years ago and there has been no return.

Dr. Coffin spoke of the use by Crocker, of London, of tuberculin in the treatment of lupus. Although it had been acknowledged to be a failure as a curative agent, its administration had seemed to produce considerable favorable effect.

The constant application of phosphorus has seemed to retard the progress of lupus.

Dr. Winn reported a case of relapse after six years' immunity.

By vote of the society, the president appointed the following committee to take some action looking toward the restriction of syphilitic infection in America: Drs. Smith, Coffin, Powers, Colby, and Nichols.

At 6 P.M. the banquet was served. Excellent music, furnished by an orchestra and male quartet, enlivened the occasion.

As an introduction to the post-prandial exercises, the orator, Dr. William F. Wesselhoeft, read a most interesting and learned essay, which will be published in full in this journal.

This elicited a vote of thanks to the author. Brief remarks by Dr. Fitch, president of the Worcester County society, and others concluded the exercises, and the society adjourned.

The attendance throughout the day was good, the discussion scientific and dignified, and the experiment of holding an occasional meeting in other cities than Boston seemed a success.

FRANK C. RICHARDSON, M.D., *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular meeting in the College Building, East Concord Street, on Thursday evening, October 1, 1896. The meeting was called to order by the president, Dr. William J. Winn, and the records of the last meeting were read by the secretary and approved.

The names of Drs. Lucy R. Barney-Hall, of Hyde Park; Chester H. Gould, of Brockton; Henry H. Amsden, of Attleboro; Edward E. Allen, of Charlestown; and Mary R. Mulliner, of Boston, were proposed for membership.

Charles E. Montague, M.D., and Carroll C. Burpee, M.D., were elected to membership.

There being no new or unfinished business to come before the meeting, this closed the business session.

Scientific Session.

PATHOLOGICAL SPECIMENS. — Dr. Winn exhibited four uteri removed the day before. Beginning with the smaller one, patient twenty-three years of age. She has had pain ever since beginning the

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menstrual functions. Had been curetted without relief. I examined her under ether several days ago when a cyst of the ovary broke under my fingers. I explained to her fully what removal would mean to her, but she said she could not live in torture. Operation was performed through the vagina.

The second specimen is a large uterus and very suspicious looking. The patient was nearing the menopause and had a bad procidentia. It was chiefly because of the procidentia and partly on account of the possibility of malignancy that the operation was performed.

The third was a case of cystic ovaries following a septic miscarriage three years ago.

The fourth specimen was removed from a woman about fifty-four years old. She had been curetted previously for uterine hemorrhage. Material discharged supposed to be débris from fibroid. Has flowed more or less continuously for last three months. The operation was done by slitting up the vaginal mucous membrane and tying the uterine arteries. After this the tissue forceps are placed on each side of the cervix and the uterus split. No troublesome hemorrhage followed. After slitting the uterus it is easy to draw down the appendages. The Staffordshire knot was used. The old way was to tie the uterine arteries, cut through the peritoneum, and invert the uterus. These cases are all doing nicely.

Section of Electro-Therapeutics.

F. L. EMERSON, M.D., Chairman, LUCY APPLETON, M.D., Secretary, MARY L. SWAIN, M.D., Treasurer.

The first paper was by F. C. Richardson, M.D., on "The Reaction of Degeneration: Its Significance and Method of Obtaining." In the absence of Dr. E. P. Colby, Dr. Richardson also read a paper, entitled "A Case," which Dr. Colby had prepared for the meeting.

Following this paper Mr. F. F. Strong gave an interesting exhibition of X rays, in showing which he said: We start with approximately a current of 100 volts, and this gives a spark four or five inches long. The current as it comes to the building has a voltage of a couple of thousand volts and is reduced by a transformer so that it is about 100 volts when it enters the building. If we could raise it by means of a first induction coil, we would get perhaps 4,000 or 5,000 volts; using a second induction coil we raise the voltage to over a million, and the amperage is almost inappreciable. To produce the best results with the X ray we must have a very high voltage, and often enough heat is produced in this work to melt the Crooks tube. Its effect upon the system is the same as if the nerves were stimulated all over the body, and warmth is the only sensation produced. The combustion of the system is increased just that much.

One of the most marked peculiarities of the current is the brilliancy of the so-called brush discharge. One very pretty feature of the discharge is that produced when a piece of glass, mirror for

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instance, is interposed between the electrodes. Instead of perforating the glass as a current from an ordinary induction coil would do, it spreads out over the surface and has a tendency to jump over the top. In the ordinary induction coil it passes in the form of a single spark. The Tesla currents are almost opposite in their character. The spark itself in the Tesla coil is very intense, and we get a great many thousand of them in the course of a minute; we only see fifty or sixty per second, because the retina can only accommodate that many impressions.

Tesla, who originated these currents, although not a physician, has discovered that they have very marked tonic properties, and he has an arrangement in his laboratory by which people can be treated without knowing it. Instead of being connected with the coil they are seated in a room. Their body acts as a closed circuit, and they feel no sense of electrical discharge whatever. Unless their attention is called to some phenomenon they do not know they are being treated. There is but very little sensation, and that, warmth and exhilaration. Animals experimented upon have shown the most remarkable results. The system is literally cleared from waste. This is undoubtedly the nearest approach to artificial nerve force that has yet been discovered.

Experiments have been almost wholly confined to the physicists. Physicians have not as yet paid much attention to it, simply from the fact that high frequency currents were not often seen up to the time the X rays were first brought out. There is a great field here for some one, interested in electro-therapeutics, to study the action of these electrical currents.

Report of committee appointed by the Chair to nominate officers for this section for the ensuing year, Drs. F. P. Batchelder, Mary E. Mosher, and C. D. W. Reed: "We report, for chairman, N. E. Paine, M.D.; for secretary, Martha E. Mann, M.D.; for treasurer, Martha G. Champlin, M.D." It was voted that these officers be appointed for this section for the coming year.

Paper by Mary L. Swain, M.D. "The Effect of the Franklinic Current upon the Circulation of the Blood."

Paper by Lucy Appleton, M.D. "The Value of Electricity to the General Practitioner."

DISCUSSION.

Dr. Batchelder. I should like to ask Dr. Appleton if this was a galvanic current that was used in the case of uterine hemorrhage?

Dr. Appleton. The constant current with hydro-electric douche, subsequently the Faradic for ten minutes.

Dr. Batchelder. I would like to know if you have had any other cases as severe as that, which have yielded as readily?

Dr. Appleton. I have not had many cases of that nature.

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Dr. Batchelder. What was the size of the uterus and the fibroid as well?

Dr. Appleton. There were several fibroids.

Dr. Batchelder. Did the tumor rise out of the pelvis at all?

Dr. Appleton. No, they were not large enough.

Dr. Batchelder. Has this been relieved since the first of January?

Dr. Appleton. The discharges have been.

Dr. Batchelder. What was the patient's age?

Dr. Appleton. Forty-seven.

Dr. Batchelder. Why I asked was because occasionally I hear of cases which have been electrically treated in somewhat peculiar ways and are transferred to the surgeon speedily because electricity seems to afford little or no relief, and I have questioned in some of these cases if the trouble was not with the method of application rather than the current itself.

Dr. Winn. I would like to ask if electricity had been tried in the case of fibroids of the uterus which I removed yesterday.

Dr. Batchelder. I am not sure, but I think not. The treatment had been medical and the curetting. I think could she have been here in Boston and had electrical treatment early, the operation might have been safely postponed for some time, and possibly indefinitely.

Meeting adjourned at ten o'clock.

J. Emmons Briggs, M.D.,
Secretary.

REVIEWS AND NOTICES OF BOOKS.

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Special Pathology and Diagnostics: With Therapeutic Hints. By C. G. Raue, M.D. Fourth Edition. Philadelphia: Boericke & Tafel. 1896. 1039 pp.

The new edition of this famous and familiar old text-book comes to us as a pathetic memorial of the noble life-work that so lately closed. It bears on every page evidence of the painstaking, scholarly, earnest spirit in which all Dr. Raue's work was done, and it is a worthy work to "follow him," and perpetuate his name, who now "rests from his labors." Many additions and careful revision bring the work thoroughly abreast of contemporary homœopathic medicine. An entirely new chapter on Mental Diseases is of much interest and value. The volume is as instant and forcible in appeal to the practitioner of to-day as were its predecessors to the generation too rapidly passing.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. A new edition from the thirteenth English edition. Philadelphia: Lea Bros. & Co. 1896. 1249 pp.

The generation has grown gray that first grew, by means of Gray,

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in anatomical lore. But Gray's Anatomy still remains, with rich deserving, the standard text-book for students of anatomy. In its latest edition the classic volume bears many creditable marks of the reviser's work. The sections on the Brain, the Teeth, and the Abdominal Viscera have been almost entirely rewritten; and much work has been done on the department of Histology. No less than one hundred and thirty-five new illustrations have been added; many of them reproductions of dissections in the Hunterian Museum of the Royal College of Surgeons. No text-book on its subject is comparable to the revised "Gray," in fulness, in accuracy, in exhaustive, up-to-date presentation of fact. Lea Bros., as is their honorable custom, offer the book in notably handsome and substantial shape.

A MANUAL OF ANATOMY. By Irving S. Haynes, PH.B., M.D. Philadelphia: W. B. Saunders. 1896. pp. 680.

The student of anatomy will find this manual a valuable companion for the dissecting room. The author shows a familiarity with the technique of dissections which can only be obtained by long experience and careful observation. The student is led to proceed methodically to tne study of the anatomical structures of the body, from without inward, as they are discovered in dissection.

The work is profusely illustrated by a series of well-executed half-tones made from actual photographs of the dissection, and the student can get a fair idea of what can actually be seen in the dissecting room. While it is possible by means of half-tones to bring out the gross anatomy, yet they can never take the place of conventional drawings and diagrams. To the beginner many of the illustrations will prove misleading and confusing when used alone, but will be of great aid when compared with the actual dissections.

With the exception of osteology, the work is very complete, and is free from long theoretical discussions; as the author expresses it, "the facts of the matter only are clearly brought out."

Special attention has been given to the viscera and their relation to the surface of the body, and on this subject the author has left little to be said. The publisher has fully sustained his reputation as a bookmaker in getting out this work. A.

MANUAL OF PATHOLOGY. By George F. Washburne, M.D. Chicago: Medical Century Co. pp. 115.

The author of this little manual makes no pretensions of covering the whole field of pathology, but has made an attempt to simplify and condense the principal facts with which this science deals. By a list of questions following each chapter, the student's attention is called to the important facts brought out in the text. The subject matter is well arranged; and the little book will be a valuable aid to the student of pathology. A.

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APPLIED THERAPEUTICS. Edited by J. C. Wilson, M.D., assisted by Augustus A. Eshner, M.D. Philadelphia: W. B. Saunders. pp. 1326. Sold by subscription only.

A glance at the names of the contributors to this book leads the practitioner and student to at once anticipate a thoroughly up-to-date work, and with a careful perusal of the articles the anticipations will be fully realized. In these days of rapid bookmaking the rank and file of busy physicians have little time to spend with exhaustive works which give space to all the medical theories both past and present. "Applied Therapeutics" has been written by men of distinction as practitioners and teachers of clinical medicine, limited in the scope of their articles to the treatment of diseases from a practical clinical standpoint. The production of such a book was a great undertaking, and it has been admirably carried out. The text is well illustrated by drawings and diagrams; also by a series of half-tones obtained from clinical cases. "Applied Therapeutics" ranks with the notable books of the day and should have a large circulation. A.

TREATISE ON SPERMATORRHEA, IMPOTENCE, AND STERILITY. By William Harvey King, M.D. New York: A. L. Chatterton & Co. pp. 178.

This is an opportune little book that will at once commend itself to the general practitioner because there is no other work which so concisely and completely embodies the treatment of these difficult diseases. The author rightly maintains that with few exceptions these diseases are of a neurological type and therefore come under the doctor's rather than the surgeon's care. He has given a very comprehensive *résumé* of the electrical treatment, and also describes as fully as possible the mechanical, hydropathic, and medical measures. The work is specially valuable because it comes from the pen of a man who has had an extended experience in the treatment of the diseases here described. A.

PRINCIPLES OF SURGERY. By N. Senn, M.D., PH.D., LL.D. Second Edition. Revised. Illustrated. Philadelphia: The F. A. Davis Co.

The comprehensive and yet concise manner in which this subject is set forth by the author, together with thorough revision and the addition of new material, renders this second edition of great value both to the general practitioner and student, and we bespeak for it the same generous welcome accorded the former edition.

The scope of the volume is less broad than might be expected, though without detriment, since the portion relating to tumors will be found in a separate volume recently issued.

The subjects of degeneration and repair, inflammation and suppuration, are clearly and forcibly treated, and much space devoted to

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suitable consideration of the relation of pathogenic micro-organisms to certain surgical conditions.

One is impressed with the fact that the author, without wandering from the subject, has thrown much light on certain conditions usually considered as in the realm of medicine, which are rarely elsewhere elucidated.

In the hands of the general practitioner a book of this stamp will prove of inestimable value in facilitating the earlier recognition and relief of many conditions, often menacing to life, that have hitherto been unsuccessfully treated by the expectant method. B.

SYPHILIS IN THE MIDDLE AGES AND IN MODERN TIMES. By Dr. F. Buret, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M.D. Being Volumes II and III of "Syphilis To-day and Among the Ancients," complete in three volumes. Philadelphia: The F. A. Davis Co. pp. 300.

The author has endeavored to examine all literature having any bearing on the history of syphilis, and finds conclusive evidence of its existence in the first ages of the present era.

The task has been a long and tedious one, and the author has well earned the thanks and appreciation of the whole medical world. The steps in the argument are well presented, and the character and form of the evidence show a high degree of care and discernment on the author's part. B.

ATLAS OF TRAUMATIC FRACTURES AND LUXATIONS, with a Brief Treatise. By H. Helferich, M.D. With illustrations. New York, 1896: William Wood & Co. pp. 142.

To an impartial reader the author's modestly expressed hope, "that the book will be of some use," seems already fulfilled in part; and frequent use will further show the practical value of this well-arranged and amply illustrated treatise. While a book can never fill the place of clinical instruction and study, yet the physician will find in this little work brief but concise statements, and illustrations true to nature, to aid in the solution of many a perplexing case. B.

THE EYE IN ITS RELATION TO HEALTH. By Chalmer Prentice, M.D. Chicago: A. C. McClurg & Co. pp. 214.

While this work is written largely from the standpoint of the oculist, it nevertheless treats of the subject as observed generally in the practice of medicine. Viewed impartially the reader is at once led to accept some of the author's conclusions and apparent results with caution, since some of the important side lights in the cases are not mentioned.

Indeed it is only after most careful summarizing of all the evidence that one can positively assert that cases of insanity, diabetes mellitus, Bright's disease, cirrhosis of the liver, consumption, etc., are *cured*,

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whether through the so-called "repression" ocular treatment, or any other special or general means.

The line of thought as presented in the text is, however, one to which every practitioner should give careful attention, and this author treats it in a readable and easy style.

It is to be regretted that no table of contents or outline chapter headings are employed to facilitate ready reference. B.

THE PATHOLOGY AND SURGICAL TREATMENT OF TUMORS. By N. Senn, M.D., PH.D., LL.D. Illustrated. Philadelphia: W. B. Saunders. pp. 709.

The author at once makes a sharp distinction between true tumors, inflammatory swellings, and retention cysts. A tumor is defined as "a localized increase of tissue, the product of tissue proliferation of embryonic cells of congenital or post-natal origin, produced independently of microbic causes."

The doctrine of Cohnheim as to the origin of tumors is the foundation upon which the text is based. The tumors are classified by the author in the natural and logical manner of their origin from the three blastodermic layers, with the stage of development at which the cells of the tumor matrix were arrested. The larger portion of the work is devoted to the consideration of tumors, their anatomy, biology, pathology, etiology, clinical aspects, diagnosis, prognosis, and treatment, with a single chapter on retention cysts.

The text bears the imprint of a master hand. Evidence is weighed and assigned its proper value; theories are cited with caution and judiciously investigated; phantoms are dispelled, methods of treatment presented, and their value determined by results. Space forbids the review of all the aspects of the volume in detail.

The author has successfully presented in a clear, concise, and authoritative manner the knowledge which is so absolutely indispensable to all members of the medical profession.

The make-up of the book is excellent, and the illustrations for the most part clear and trustworthy.

It is one of the works which could profitably be added to the library of every member of the medical profession. B.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By C. Henri Leonard, M.A., M.D. Detroit, 1896: The Illustrated Medical Journal Co., Publishers.

This little pocket book has already won its way into favor in a degree commensurate with its utility, and nearly 40,000 copies have been issued.

The doses of about thirty-five hundred remedies and preparations are arranged in a manner convenient for ready reference, and in addition are tables and remarks on the solubility of chemicals,

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pronunciation of medical proper names, poisons and their antidotes, incompatibles, tests for urinary deposits, etc. B.

Among the papers of especial significance in the POPULAR SCIENCE MONTHLY for November are: —

The Moral Standard; by Professor William Henry Hudson. Public Aquariums in Europe; by Bashfore Dean. (Illustrated.) The Abundance of Animal Life; by M. Albert Gaudry. The Employment of the Motor Activities in Teaching; by Prof. Edward R. Shaw, PH.D. Double Personality; by Prof. William Romaine Newbold. A Dog's Laugh; by M. le Vicomte d'Aiglun. (Illustrated.) Popular Superstitions; by Walter James Hoffman, M.D., and Evolution of Insect Instinct; by M. Ch. Perton.

MISCELLANY.

——:o:——

SUPPOSE a person to be tired out by overwork of any kind, to feel nervous, irritable, and worn, to be absolutely certain that bed means only tossing for hours in an unhappy wakefulness. We all know this condition of the body and mind. Turn on the hot water in the bathroom and soak in the hot bath until the drowsy feeling comes, which will be within three minutes; rub yourself briskly with a coarse Turkish towel until the body is perfectly dry, and then go to bed. You will sleep the sleep of the just, and rise in the morning wondering how you could have felt so badly the night before. The bath has saved many a one from a sleepless night, if not from a severe headache the next day. — *Dr. Cyrus Edson.*

DR. BISMARCK. — An exchange says, "Bismarck has had the degree of Doctor of Medicine conferred upon him by the University of Jena." If the administration of cold steel, iron pills, and gunpowder with such telling force as to crystallize small States and principalities into an empire, and humble one of the proudest nations on the earth, can be classed under the head of therapeutic agents, no one is better entitled to the degree than Bismarck. Prince is simply a title of honor, but Dr. Bismarck has a meaning which tells its own story. — *Medical Times.*

LACERATED WOUNDS OF FINGERS. — In cases of severe injury to the fingers by laceration or contusion, put the entire hand into a very ample, soaking-wet dressing. Do not trim off any pieces of flapping skin. Incision for drainage is all that is allowable until healing is very well under way. You may then look over the ground and see whether it is necessary to sacrifice anything. A half inch of boneless finger may be of great value to its possessor. — *International Journal of Surgery.*

THE percentage of cures at the Calcutta Homœopathic Dispensary for 1894–1895 was 45.28. The number of patients treated was 2,730, and the number of attendances 8,220. The average of new patients daily was 8.16. Of the whole number mentioned 2,148 were Hindus, 581 Mohammedans, and one Christian. The Indian native seems to lead his missionaryizing white brother in more ways than one. — *Medical Century.*

PROGRESS. — "Medical science has made such progress," said the doctor, when speaking of his profession, "that it is almost impossible for anybody to be buried alive now." Then he wondered why everybody laughed. — *Boston Courier.*

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THE ESSENTIAL UNITY OF SPIRIT OF THE ENGLISH-SPEAKING RACES is illustrated in the sub-title of the *South African Medical Journal*, published in Cape Town. It reads: "Including Leading Articles on Subjects interesting to the Profession, and Annotations from the Leading English, American, and Foreign Journals." — *New York Medical Journal.*

PERSONAL AND NEWS ITEMS.

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DR. WALTER WESSELHOEFT has returned from his European journey, and resumed practice at his residence, 391 Harvard Street, Cambridge. Office hours until 9 A.M.; from 2 to 3 P.M. Telephone, 440 Cambridge.

THE second meeting, for the present season, of the Homœopathic Medical Society of Chicago was held on October 15. The essayists were John W. Streeter, M.D., who spoke on "Treatment of Retroversion of the Uterus"; and B. S. Arnulphy, M.D., whose subject was "The Angina that Kills."

THE "ERA" STETHOSCOPE, and the "ERA" PLEXOR AND PLEXIMITER, — the former, invention of Dr. Chas. Gatchell's; the latter, his modifications of existent inventions, — have lately come, welcome and much-appreciated visitors, to our desk. Dr. Gatchell's inventions, like his utterances, are conspicuous for good sense and practicality, and eminent up-to-dateness, if one may coin so barbarous a phrase. Both the stethoscope and the adjuvant pair of instruments correct many ancient errors of construction, and lend themselves most comfortably and satisfactorily to the physician's uses. To slightly plagiarize Kipling: —

> "They are comforts to the wise,
> They are wonders for their size,
> And they need not advertise,"

their merits, on trial, being their own sufficient advertisement.

WM. W. VAN BAUN, M.D., will remove November 2, 1896, to 1402 Spruce Street, Philadelphia.

DR. NATHANIEL W. EMERSON has removed to 40 West Newton Street. Office hours, 2 to 4 P.M.

DR. ALONZO G. HOWARD has removed to corner Centre and Mount Vernon Streets, West Roxbury, Mass. Office hours, until 9 A.M.; 1 to 3 P.M; usually 6 to 8 P.M.

DR. J. TUCKER CUTLER has removed from 633 to 624 Warren Street. Telephone, Roxbury 1-3. Office hours, 8 to 9 A.M., 2 to 3 P.M. Evenings, 7 to 8.

DR. H. ELMORE RUSSEGUE has returned to Hartford, Conn., from Springfield, Mass., and has located permanently at No. 95 Farmington Avenue, having repurchased his former practice in that city and its vicinity.

DR. JAMES KRAUSS has opened an office in the Woodbury Building, 229 Berkeley Street, Boston, and expects to devote his attention to genito-urinary and venereal diseases.

DR. H. C. AHLBORN has returned from an extended stay abroad, and has resumed practice at his office, 258 Marlboro Street, Boston.

DR. CHARLES B. HALL has returned to his old practice at Rockport, Mass., having been located in St. Johnsbury, Vt., for the past few years.

DR. E. M DOLLOFF, class of '93, Boston University School of Medicine, has removed from Rockport, Mass., to No. 29 Lewis Street, Lynn, Mass.

DR. MABEL W. WALDRON, graduate of the Hahnemann Medical College of Chicago, has settled at Lynn, Mass., where she will be associated in practice with Dr. S. Manning Perkins.

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THE

NEW-ENGLAND MEDICAL GAZETTE.

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COMMUNICATIONS.

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A FRAGMENT ON CALCIC IODIDE.

BY CHARLES L. NICHOLS, M.D., WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

An old practitioner of large experience said to me in the early years of my medical life, "Give me opium, calomel, and digitalis and you may destroy all other drugs, for I can effect with these three everything which can be accomplished in the treatment of disease."

This is hardly in harmony with the tendency of the times, which presents us almost daily with some new drug, or new form of a familiar one, until the old and well-tried medicines are well-nigh buried out of sight.

Sir William Broadbent expressed more than half the truth when he said, at a recent meeting of the British Medical Association, "New drugs are added every day for the benefit, chiefly, of those who do not know how to employ the old ones."

This statement applies equally to our homœopathic pharmacopœia, when we remember that eighty years ago Hahnemann's *Materia Medica Pura* contained forty-six remedies, while Allen's great work in 1874 numbered over three hundred.

But after all has been said, not one of us would dispense with any of these, and the important point for us to seek is the verification of the symptoms presented under the new drugs until they also may take their places with the few well-tried medicines we know as polychrests. It was a thought like this that has prompted the present paper, which, though fragmentary, is given to you with the hope of suggesting a more extensive and, perhaps, definite study of a comparatively new compound, both elements of which are old and tried.

1. Case of Mrs. J. H. B., 49 years of age. No record of hereditary taint, complexion sallow and earthy, eyes blue, had noticed a bunch in the breast for some months; attention having been first called to it by her dressmaker, but lately on account of severe pain

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after using her arm, and on account of great tenderness of the whole breast. Examination showed a bunch in the upper segment of right breast with apparent retraction of nipple, skin unchanged, tumor freely movable, rounded and irregular in shape, but not nodular, about the size of a small lemon, as it seemed through the thick adipose tissue; the axillary glands were not affected and general health was good, although the face was sallow and earthy in color. Pain was shooting and aching, and the bunch was quite tender when touched, but showed no evidence of fluctuation, and the nipple seemed to be depressed rather than retracted. She stated that she had been told by several physicians that the bunch was cancerous, and, while very anxious, she had refused to have an operation.

She was told to keep that arm quiet, not being allowed to sew or raise the hand to her head, and was given calcic iodide 3 x, two grains four times a day. This was continued for several months and then given only night and morning for two years, during which time the tumor diminished slowly but steadily, until it finally disappeared. During the course of this treatment two smaller tumors appeared in the other breast, but vanished in a few weeks without change of remedy.

2. Case of Mrs. J. L. E., whose mother died of uterine cancer, age 32, has had one child, lives in an old and damp house, too much shaded by trees, naturally florid complexion, eyes blue, but now face is sallow and earthy. She is anxious, nervous, and sleepless. Has noticed a small bunch in her left breast without being able to ascribe a cause, and fears some malignant trouble.

Examination revealed a small bunch in left breast about the size of an English walnut, freely movable, round, and hard, no pain, but tenderness to touch or pressure.

Calcic iodide 3 x was prescribed, two grains four times a day, and continued for several months until the bunch entirely disappeared.

During this process two others showed themselves, one in each breast, but vanished in a short time.

3. Case of Mrs. R., age 34, has had four or five children, nursing them all and having had a mammary abscess during first lactation, but in the breast not now affected. Complexion sallow, skin unhealthy, but well in other particulars; though much depressed about this trouble.

Tumor was found to be a large, hard, nodular growth in the right breast, freely movable, tender to touch, with occasional sharp pains after using that arm.

Calcic iodide 3 x was given, two grains four times a day, and after two or three months' treatment the tumor was gone.

4. Case of Mrs. H., age 43 years, no history of hereditary trouble. Has had for some six months a very painful bunch in right breast. Examination showed it to be beneath, or else on the under surface of the breast, about midway between the nipple and circumference in the upper segment, very tender to touch and fluctuating.

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Diagnosis of cancer was made by two careful physicians and the knife was urged, but she refused.

Calcic iodide 3 x, two grains four times a day, was given, and has been continued for three months, using caution about raising the arm. The pain is entirely gone, the tenderness much less marked, and the size of the tumor reduced by about one half.

These cases taken in sequence are given to call attention to two points: —

First, that certain tumors of the breast are curable without the use of the knife.

Second, that the remedy calcic iodide has a definite value in such cases.

Let me state here, lest a wrong inference be drawn, that I would not urge, advise, or countenance the use of this or any other internal remedy, without present knowledge, in a case of malignant disease, because the record of the knife in the early stages of malignant tumors cannot be equaled by any medicinal treatment.

Still it behooves us to consider more carefully our diagnosis in the early stages of these tumors in order to select our treatment and thus overcome some of the opposition to surgical means, which is so predominant in the minds of most sufferers, that it has sometimes seemed to me the cause of that secretiveness which in malignant cases we consider almost diagnostic of cancer.

In his classical work on this subject, Gross states that the symptoms characteristic of non-carcinomatous growths are that "the tumor is circumscribed, rounded, or ovoid and bossed in outline, often several in the same breast, of firm consistency, freely movable with normal skin, no record of heredity, no involvement of nipples or lymphatic glands"; and he further states, in summing up his conclusions, "that if you find a uniformly hard, movable, nodular, slowly growing tumor usually in the upper and outer part of the breast, free from ulceration or alteration of the skin, veins, nipple, or lymphatic glands, in a comparatively young woman, particularly if more than one tumor is present, your diagnosis may be fibroma. If in middle life and the tumor is fluctuating or has points of fluctuation, it is a cystic fibroma."

In a recent article on Dispersable Tumor, Herbert Snow calls attention to a class of cases, which he names fibroma of adolescence, caused (*a*) by pressure of corsets, (*b*) by injury to the substance, and (*c*) by inflammation of the lactiferous ducts in neurotic subjects. These he claims can be dispersed by inunction of iodide of Leak ointment in a few weeks; but he states that the fibroma of middle life, particularly if cystic, can never be removed except by the knife.

It is my opinion that the three cases first mentioned were fibromata, and that the last — not yet cured, though much improved — is a cystic fibroma, in accordance with the diagnostic symptoms of Gross, and that the steady disappearance of them may be fairly ascribed to the calcic iodide employed.

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Attention was first called to the use of this drug in tumors by Dr. Henry M. Paine, of Albany; and a number of successful cases have been recorded where it was used in uterine fibromata. It has been my desire in this paper to show that the same remedy is of value in fibromata elsewhere, and thus perhaps define pathologically, as well as pathogenetically, the action of calcic iodide.

ALETRIS FARINOSA, A TYPE OF THE VEGETABLE BITTERS: THEIR VALUE.

BY J. HEBER SMITH, M.D., BOSTON.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The drugs to be mentioned are introduced but cursorily, since they need to be more carefully proved on the well, according to the methods adopted by the homœopathists. Classed as astringents merely, their utility is being called in question, and should the scientific challenge of the modern school of thought not be answered speedily by clinical tests, carefully reported, and based on the most trustworthy experiments, they will be shorn of their ancient prestige.

Astringents are commonly defined as local and remote. Local astringents, primarily, at least, cause contraction of tissues to which they are applied, upon the living organism, and constantly upon dead tissues containing albumen.

Remote astringents are supposed to act on internal organs after their absorption into the blood. But the term "remote" would seem, in the light of recent experiments, to be applied to astringents without sufficient warrant. It was formerly supposed that their action was partly due to their exercising a contracting force upon the blood vessels going to any part of the body, thus lessening the supply of fluid to the affected organ, as well as astringing the investing tissues. Surely this would seem a most admirable and wise election, if true.

Experiment has hinted that nitrate of silver and acetate of lead appear to possess systemic influence as astringents, in so far that these salts have been shown to manifest a stimulative action on the nerve cells of the circulatory system, perhaps through their homœopathicity to vaso-motor paralysis. But the iron perchlorid and alum, after their exposure to the alkaline fluids of the body, do not contract the internal blood vessels, and it has been shown by Rossbach that tannic and gallic acid actually dilate these vessels. He concludes, as quoted by Brunton, that the astringent action of these acids, when absorbed into the blood, must therefore be exerted upon the tissues, whenever they prove effective in the treatment of hæmoptysis, hæmaturia, and nephritis. Strümpfell, after many clinical trials of tannic acid in nephritis, denies its efficacy in controlling the circulation in the kidneys, suggesting other means for lessening blood pressure.

Inasmuch as an excited and powerful action of the heart tends to increase the general blood pressure, it should seem of prime impor-

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tance in hemorrhage that advantage be taken of the well-known action of aconite in diminishing the force and frequency of the heart beat. Numberless clinical tests, especially in hæmoptysis, justify our preference for aconite.

Aletris Farinosa. — Star-grass, colic root. Perennial; found from New England to Georgia, and West to Missouri; abundant at the South and confined to dry and poor soil; unknown to rich limestone soil and alluvial regions.

Preparation.— Tincture from the fresh root by maceration with pure alcohol; trituration from the dried root. Its rhizome holds a resin intensely bitter, though free from tannin, soluble in alcohol and partly so in water. It is more bitter than aloes, gentian, or quassia.

Its generally recognized properties seem to have been derived from eclectic sources, principally from 1820–1870. It has long been a favorite remedy in our Western States for women suffering from muscular atony, with prolapsus uteri; habitual tendency to abort; premature and profuse menses; obstinate vomiting during pregnancy, disgust of food, obstinate indigestion, with inveterate constipation as from rectal paralysis.

Its common uses, other than as a simile, are as a so-called tonic, emetic, purgative for colic, and for dropsy, chronic rheumatism, in fluid extract, decoction, and tincture. Dose about gr. 5–10 of tinct.

Provings. — Dr. J. N. Wing (American Homœopathist, March, 1885) reports six interesting provings republished in the Cyclopedia of Drug Pathogenesy. One prover, a woman, who began with eighty drops of the tincture, had for years suffered from a profuse, yellow, malodorous leucorrhœa, and which had increased during the two months preceding the proving, noticed that on the second day of the proving the discharge was less and on the third day almost imperceptible. It was shown to be capable of exciting hypogastric pains, excessive nausea, vomiting and giddiness, with fainting; constipation; "gone feeling at the stomach"; and sense of utter muscular weakness.

Therapeutic uses. — It has been found, without doubt, an excellent remedy for certain ailments of pregnant women, especially for threatened abortion, from incontrollable vomiting, with excessive nausea.

Enciente women not infrequently crave some bitter extractive principle, for some unknown cause, as many of you may have learned. From my earliest childhood, until past thirty years of age, I carried a probably prenatally induced periodical return, each autumn, of a strong craving for the large bitter acorns, of which I laid in a great store, during several weeks in each recurring October. I was not informed, until past twenty-five, that my mother had been unable to keep any other food upon her stomach, during the last two months of gestation with me, save white-oak acorns, of which she ate great quantities, with relish, and entire retention of strength, from October until December, the month of her delivery. Her craving for this

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kind of fare never again returned, but my own has not wholly gone after more than half a century, though the strange longing grows each year less and less imperative. I was the youngest of her seven children, with none of whom did my mother have any experience like this, neither had any of the rest any peculiar craving whatsoever.

Before closing, permit me to call your attention to a few points about this tree, the oak, so famed in prose and poetry, from the point of view of the therapeutist.

Quercus alba, the common source of tannin (querci-tannic acid), is classed as an astringent tonic. Its uses are similar to tannin, from ancient times, for hæmoptysis, epistaxis, uterine hemorrhage (by bark pessaries); for injections for leucorrhœa, gonorrhœa, topically in prolapsus ani, hemorrhoids, ulcers; as a gargle in prolapsed uvulva, and pharyngeal catarrh (an analogue here of Geranium maculatum).

Workers in tan vats are said to be exempt from intermittents or phthisis.

Many of the drugs classed as bitter "tonics" are viewed as anti-periodic, antipyretic, antiseptic, and capable of arresting ferment. Among these may be mentioned, in passing, the salicaca (willow family), the source of salicin (as well as of tannin), used in acute rheumatism, to lower the temperature in fevers, to reduce arterial swellings in intermittents, and applied externally for the relief of gangrenous wounds, fissures, cancers, and burns.

Tannic acid from nutgalls enters the blood under the form of gallic acid, into which it is changed in the digestive canal, and its remote effects, according to Dr. Stockman's chemical argument, are due to this change to gallic acid in controlling hemorrhage from the stomach and bowels.

M. Arthaud claims that the effect of tannin is superior to that of creosote in tuberculosis, from observation made on two thousand cases with this method of treatment.

Finally, I beg to invite your attention, very briefly, to another of the bitter vegetable remedies which has become my favorite in treating the atonic dyspepsia, and anorexia of sewing women. I refer to the

Picranæna excelsa, or quassia, a native of Jamaica and Surinam. Its name is from Quassy, the name of a Surinam slave who became noted for his many cures with this bark, of malignant fevers. In 1756 it was taken to Stockholm, and soon became popular in Europe as quassia amara (Surinam quassia wood). Tannin is absent, notwithstanding the bitterness of this wood.

I can vouch for it, from extended experience, as a very satisfactory remedy in atonic dyspepsia, as stated before, with toiling and ill-fed sewing women, especially when they have lost all appetite and strength. With a few cents' worth of the chips of quassia, kept standing in the patient's daily drinking water, I have often brought about complete restoration of health to these unfortunates.

Quassia is successfully given as an enema of the infusion for

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ascarides of the rectum, and internally, by the mouth, for lumbrico worms. Dose 5–10 minims.

Excessive doses of quassia are capable of exciting headache, nausea, vertigo, cramps, and even narcosis.

Regarding the administration of these bitters, my own experience has been most satisfactory from the use of the first or second decimal dilution, taken about thirty minutes before meals.

If there be any among my hearers who are asking, what have all these therapeutic references regarding comparatively unknown drugs to do with homœopathic materia medica? suffer me to reply that in his marvelously erudite essay on Belladonna, our own Hahnemann quotes in the introduction upwards of sixty writers who had treated of that remedy before him. As we approach the close of the era of our founder, let us seek to cultivate the same scholarly breadth of observation that so distinguished him.

REPORT OF A CASE OF TUBERCULOUS LARYNGITIS AND A CASE OF EMPYEMA OF THE MAXILLARY SINUS.

BY G. B. RICE, M.D.

[*Read before the Massachusetts Homœopathic Medical Society at Worcester, October 14, 1896.*]

Cora M., age four years, was brought to my clinic, suffering from cough and hoarseness almost to complete aphonia. Her mother stated that the throat trouble began about two months previously. She further stated that the child had slept with an aunt for some months, who had since died of consumption, and that soon after the hoarseness and cough began. With this exception the family history was good. I learned that the child's appetite was pretty good, but that she slept poorly, was extremely irritable and nervous, and breathed through the mouth pretty constantly.

So far as the mother could see, there had been no loss in weight during the six weeks.

The patient appeared on examination to be fairly well nourished, but was timid and nervous to such a degree that even a superficial examination of the throat was well-nigh impossible.

I succeeded, however, in discovering much hypertrophy of Luschka's and the faucial tonsils, but could not diagnose the laryngeal condition.

Two weeks after, I removed the faucial tonsils, and a week later than this, curetted the naso-pharynx.

The child improved considerably after these operations, sleeping more quietly at night, and appearing more like herself in every way. The hoarseness and cough, however, increased.

They did not bring the little patient to me again for nearly eight months; when I found her considerably thinner in flesh, completely

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aphonic, and more excitable than before. She at times had difficulty in breathing, particularly at night.

The examination of the chest previously made, and made again this time, was negative. After administering chloroform I was enabled to obtain a fairly good view of the larynx. The epiglottis and aryteno-epiglottic fold, particularly at the posterior commissure, and the ventricular bands were congested, and the latter structures slightly tumefied.

In place of the vocal bands was a mass of whitish, irregular tissue, the nature of which I could not determine in the few hasty glimpses obtainable.

I saw the patient again a week later. Her breathing was still more impeded, while at this time the apex of the left lung showed decided signs of infiltration. She looked badly, appeared weak and listless, and I therefore decided to insert a tube into the trachea on the following day. On arriving at the house on this day we learned that the little girl had died during the night, although the previous evening, after coming home from the clinic, she had felt well enough to go down to the store on an errand with her grandmother.

A *post-mortem* was allowed and I invite your inspection of the larynx, which I was enabled to obtain. I thought I had evidence enough to diagnose the case as probably tuberculosis, but the microscopic examination of a portion of the laryngeal growth by Dr. Batchelder did not confirm this diagnosis, it being papillomatous.

Case 2. The empyema of the antrum which I wish to report to you presents no very unusual features, except for its sudden and severe onset, its apparent persistent suppurative process, and the quickness with which it yielded to proper drainage and medication. The disease occurred in a young married lady twenty-eight years of age, of slight build, nervous temperament, but presenting a healthy appearance. She relates that she consulted a dentist for pain in the tooth, that he advised extraction, and that the next day after extraction she suffered severe pain in the face, accompanied by some fever and prostration.

The pain increased in severity for twenty-four hours, when relief was experienced by a discharge of canary-yellow-colored pus from the nose, with immediate cessation of pain and discomfort.

For two days the discharge continued, when it ceased, followed in twenty-four hours by a return of the intense pain first experienced. She then came to Boston and put herself under my care.

I found that the second molar tooth on the right side had been extracted, that there was at that time no connection between the mouth and the antrum through the alveolar process.

The intra-nasal tissues on the right side were considerably inflamed, the middle turbinated body particularly showing evidence of congestion, while the left side of the nose was normal in appearance. There was decided sensitiveness on percussing the bone over the suspected diseased area. I found it impossible to introduce a probe

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through the hyatus-semilunaris, partly owing to the congestion of the middle turbinated body. I learned, however, that, during the days of the purulent discharge, this discharge was materially increased temporarily by lowering the head. There was no evidence of disease of the frontal sinus or of the anterior ethmoidal cells.

From these symptoms and from the history, I had no doubt whatever but that the case was one of empyema of the maxillary sinus. As the patient was very averse to an operation, I consented to a delay of two days, hoping that the internal remedy might control the inflammation and the suppurative process to such an extent as to warrant still further delay.

A fresh discharge of pus, however, occurred that night. It again ceased, the pain in the face returned, followed by a third discharge of pus, and after four days' delay it was decided that an operation was necessary. I had the choice of three recognized operations: first, through the alveolar process at the point from which the second molar had been extracted; second, making an opening into the antrum, over the second bicuspid, about an inch above the margin of the gum, beneath the lip; and third, through the outer wall of the inferior nasal meatus.

I chose the first operation because the tooth had been already extracted, and because if the alveolar process extended as high as to prevent proper drainage from the antrum, that no harm would have been done, and the second or third methods of operation could be performed as seemed advisable.

The tooth cavity was thoroughly cocainized, and with a small gouge the alveolar process was easily broken through into the antrum. A considerable discharge of pus followed and the cavity was irrigated with dioxide of hydrogen, followed by an alkaline antiseptic solution. I fitted an ivory plug into the opening, washed the maxillary sinus daily with the same two solutions, and administered silicia internally. But once did the discharge return in any quantity, and this four days after the operation.

From that time on there was no return, and after three weeks the flushings were discontinued temporarily, the patient returning to her home for a week and to then report to me again. This practically terminated the trouble. The ivory plug was removed and the cavity packed with antiseptic cotton, this packing to be changed twice daily until sufficient healing had taken place to close the connection between the mouth and antrum. The only remedies given in this case were pulsatilla and silicia.

DEGENERATION OF THE BRITISH ARMY MEDICAL SERVICE. — Owing to the low social standing to which medical officers in the British army are condemned, there has been an unusual lack of candidates at recent examinations. Instead of removing the difficulty by recognizing the doctors as gentlemen and soldiers, it is proposed to tempt more candidates by lowering the standard of requirements. — *Medical Record.*

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THE FARADIC CURRENT IN DISEASES OF THE UTERUS.

BY CLARA E. GARY, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Three-score years have elapsed since Faradism was introduced to the medical profession. It gave an outlook into a new, strange world full of wonderful possibilities for suffering humanity; and the ambitious, conscientious physician has confirmed its value. Consequently, in our medical colleges, hospitals, and in the offices of practitioners there are found to-day constant currents, alternating currents, and static machines. In the rush and excitement attendant upon the discoveries which emanated from this wonderful agent, Faradism, the stepping-stone was practically set one side; and there seemed a good reason for it, as the constant current achieved more brilliant results. There seemed to be a greater chance for advancement with this current, as the therapeutic measurements could be accurately determined; while with the faradic current the therapeutic measurements can only be determined through micro-coulombs and volts and milliampères; and this is not accurate, as it may or may not indicate its physiological efficiency; as explained by Englemans. Then we have not a large number of practical electrodes, but if the progressive electro-therapeutist can unearth more of the mysteries of this important branch of electricity, a demand will be created for these electrodes, and they will be manufactured.

Pardon me for this digression and for touching slightly upon electro-physics and electro-physiology. We all know that the primary coil is composed of heavy, coarse wire, that it may offer little resistance to the passage of the current as it passes direct from the cell; while the secondary coil is composed of very fine wire, and produces an entirely different result upon the muscles and nerves where its sphere of action lies.

The uterus, as we all know, is composed chiefly of muscular fibres, and is supplied with arteries from the internal iliac, the ovarian, and aorta. The veins correspond with the arteries. The nerves are derived from the inferior hypogastric, ovarian plexus, and the third and fourth sacral nerves.

There are many conditions dependent entirely upon the relaxed muscular fibre of the uterus; and for this reason Faradism has a wide field in this direction.

To the physician cited cases are of more interest than scientific discussions regarding the past and present possibilities or future status of a certain remedy. Therefore I will give you several cases, with results, which have come under my observation during the past five years.

Case 1. Menorrhagia of four months' duration, Mrs. A. B., married two years, 24 years old. Found the uterus in a relaxed condition, cavity measuring about three inches. There may or may not have been a miscarriage. Positive cauterization had been used twice

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before she came to me, but with no appreciable effect. Applied a strong faradic current, primary coil with negative intrauterine electrode; used current four minutes. Patient reported four days later much improved. Repeated treatment. Patient reported one week later no return of the hemorrhage. The first day of this present month (which is a little over three years since last treatment), patient reported that she had had no return of her former trouble during this time.

Case 2. Mrs. H. R., age 38, married five years; no children; hard-working woman; came to me July 14, 1890. Menorrhagia of three months' duration. Patient pale, anæmic, no appetite; complained of a constant headache and pain in the lower part of the back. On examination found the uterus soft, and patulous cavity measuring three inches. Gave her Faradism intrauterine for eight minutes on the following dates: July 14, July 18, July 22, and July 28. July 30, patient reported no hemorrhage since July 28. Mrs. H. R. reported to me October 1, 1896, no hemorrhage since July 28, 1890. She is fleshy, and has been comparatively free from headaches and backaches since that time. This case seemed to be due entirely to relaxed muscular fibre; and when the contractility of the uterus was established the hemorrhage ceased.

Case 4. Mrs. W. F. S. came to me in April, 1893; age 42; married 20 years; three children, youngest 12 years old. One miscarriage in 1884. She was not a laboring woman, but lived a very quiet life. In appearance she was emaciated and anæmic, had no appetite, and nausea after eating. She was troubled with a very fetid leucorrhœa so abundant that she was compelled to wear a napkin. She had made up her mind that she had a cancer. On examination I found a soft patulous uterus; but on introducing the speculum I found it impossible to note the appearance of the parts, as the speculum immediately filled with a brown fetid discharge, mixed with streaks of blood. Grave suspicions arose in my mind that her diagnosis might be correct.

However, I determined to try her with the faradic current; my thoughts being turned in this direction more on account of her general appearance than with hopes of controlling the leucorrhœa. At the first treatment I gave the intrauterine electrode primary current for five minutes, with instructions to return to my office in three days. She reported at the end of that time no improvement; repeated the treatment at intervals of four days for three months, using the proper internal remedies. At the end of that time the discharge had ceased. She remained under my care for several weeks longer. She reported in my office October 1 of this year no leucorrhœa, and no treatment for over two years. She weighs twenty pounds more than she did when she came to me, and considers herself perfectly well.

Case 5. Mrs. A. H., married, age 45 years, came to me July 8, 1891. Complained of a severe pain over the sacral region. Examination revealed a perfectly normal uterus and ovaries; no inflamma-

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tion; slight sensitiveness in the posterior cul-de-sac. Applied faradic current per vagina, with a brass plate covered with wet linen over the sacrum, for twenty minutes. With the proper remedies, continued this treatment twice a week for eight weeks, except during the menstrual period. She reported to me, by letter October 1 of this year, that she had had no return of her former symptoms since that time, excepting when she had been working unusually hard in caring for her sick husband. Says that on the whole she has not felt so well for years.

Case 6. Miss L. M. S., age 35, came to my office July 3, 1896, complaining of a pain in the left ovarian region. She came with the determination of consulting me in regard to the removal of the ovary, as she said that she had suffered all she could bear. Examination revealed perfectly normal uterus and ovaries. Applied the faradic current over the left side for twenty minutes. Repeated the treatment the next day. She has had no return of the trouble.

The value of this current as a sedative in hysterical conditions cannot be overestimated. In amenorrhœa the use of the faradic current (primary coil) will almost always bring about the desired result unless the patient is very anæmic. In extra-uterine pregnancy the growth can be checked by the use of a gentle faradic current. It should be used several days to be sure of the result, and then the mass may be removed by surgical means. The death of the fœtus is caused, undoubtedly, by the gentle shocks cutting off the circulation.

Thus we have found that Faradism is valuable where there has been a loss of muscular tone attended with leucorrhœa, menorrhagia, ovarian or uterine neuralgia, and neuralgia of a hysterical origin.

I confess that I use Galvanism and static electricity more in my office than I do the faradic current; but as I study more and more deeply into the electro-physiology and electro-therapeutics I am thoroughly convinced that we have a vast unopened field in Faradism. Perhaps the results will not be as brilliant at first, but from past investigations we are comparatively sure of their being long lasting in their results.

Scientists are fast unearthing the wonderful secrets of electricity, and we are proud to say that our medical world is doing its share. We are confident that Faradism, the stepping-stone that has led up to great results in other branches of electricity, will have its place in our researches; not only for the relief of uterine disorders. but for any difficulty of muscular or nervous origin that may affect the human organism.

IN the *Ayur-beda* of the Hindus, the Brahmins taught "the uterus is a dark disagreeable place, a species of purgatory; the soul which had lived one or more lives on earth is there fitted with another body. The movements of the *fetus in utero* express the discomfort of the soul which is suffering for its sins; and which, on leaving this purgatory at birth, forgets all that happened, and enters upon a new probation, perchance to advance nearer *Nirvāna*." — *Dr. Julia Holmes Smith, American Homœopathist.*

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CYSTOSCOPY AND URETER CYSTOSCOPY.

BY JAMES KRAUSS, M.D., MALDEN.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The art of examining the cavity of the bladder by the sense of sight is of very recent origin. It dates back to the year 1879, when, on the ninth of March, Nitze presented before the K. K. Gesellschaft der Aerzte in Vienna his cystoscope in actual demonstration. While his predecessors (Bozzini, Segalas, Desormeaux, Grimfeld, Bruck) had employed the light for the examination of the bladder from a position outside this organ, even outside the body, Nitze introduced the light at the point of his instrument directly into the bladder, and by an ingenious optic combination made it possible to view a large portion of the bladder at a time. Thus he created the art of cystoscopy.

With the exception of the small Edison lamp and some other modifications that Nitze had occasion to apply to his original cystoscope with advantage, the cystoscope of 1879 is the cystoscope of to-day. It may be described as having the shape of a urethral sound, with its beak standing at an obtuse angle of about 125° to the shaft. The beak contains at its front end a miniature Edison lamp, which, when the cystoscope is in working order, throws the light on the walls of the bladder. This light is received by the upper cathetus or "side" of a rectangular prism placed in the shaft at its junction with the beak. The hypothenuse or "base" of the prism is transformed into a mirror, hence the light as it passes from the walls of the bladder in the process of refraction is reflected from the base of the prism just as an image is reflected from an ordinary mirror. Whatever is on the right side appears on the left, whatever is on the left appears on the right; nearness magnifies, distance contracts. The perpendicular side of the prism touches the objective portion of the optic apparatus proper of the cystoscope. As it is the purpose to get to see as much of the bladder as possible with one glance, the objective consists of a system of weak lenses, a half-sphere and a plano-convex lens, whose principal focus lies immediately behind the convex surface of the second lens. Here an object on the walls of the bladder appears reflected in a state of inverted contraction; and as for obvious reasons it is necessary to throw this inverted picture before the ocular portion of the optic apparatus, a lens is placed exactly in the centre between the first image and the point at which the second is to appear. This central lens inverts the inverted image before it, *i. e.*, a tiny upright image appears before the eyepiece of the cystoscope. This image is now magnified by the ocular lens and we are enabled to see a good portion of the walls of the bladder and examine all the details for our purposes, always bearing in mind that the image before us is that of a mirror.

I felt I must enter into this short description because a thorough understanding of the optic apparatus is indispensable to the successful practice of cystoscopy. Cystoscopy is different from the practice

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of ophthalmoscopy and laryngoscopy in that the bladder has no such definite landmarks as has the eye or the larynx. There is no optic disk or macula lutea, no epiglottis or vocal cord, to guide us in our search, and we have to substitute instead a series of movements with the cystoscope that will make it mathematically certain that we have searched every portion of the cavity of the bladder. These movements have been formulated by Nitze as follows: —

First, As soon as the cystoscope is introduced we turn the beak about 22½° to the right of the vertical meridian of the cavity, and push the instrument backward till it touches the posterior wall, while the eyepiece is gently raised. In order to see as far down the posterior wall as possible we raise the ocular portion higher and the beak will come to lie deeper and more horizontal in the cavity under examination.

Secondly, Then we turn the cystoscope 45° to the left, again raise the eyepiece, and draw the instrument over the floor of the bladder lightly back to the internal urethral orifice.

Thirdly, Here we turn the beak another 45° farther to the left, and press the ocular end gently to the same side. Then we push the instrument forward again to the posterior wall of the bladder.

Fourthly, We now press the ocular end to the right side, turn the beak also 135° to the right, and draw the cystoscope forward to the sphincter.

Fifthly, and finally, the ocular end is depressed, and the cystoscope, with the beak turned downward and backward, is introduced farther into the cavity of the bladder.

The patient is prepared for the examination, the urethra is made passable, the cavity of the bladder is washed out and left full of a transparent medium to a point of tolerance. The preparation is made with all aseptic and, where necessary, antiseptic precautions, the cystoscope is connected with the electric light apparatus, and tested for the proper light. At last the instrument is introduced into the bladder, and the light is turned on. Sometimes the most surprising pictures meet our eyes; sometimes the pictures are vivid, sometimes dull, again as clear as daylight, and again wholly dark. The question is, which of these are normal, which abnormal.

In the normal bladder the mucous membrane appears pale through the cystoscope, the color being a delicate mixture of yellow and red, the red preponderating in the young, and the yellow in the old and the anæmic. Blood vessels may be observed, bright red arterial twigs dividing dichotomously, and accompanied, in old people especially, by dark-colored, blackish-blue veins. When there is catarrh, the first change that strikes our eye is the discoloration. The mucous membrane is reddened, due to the injection of the blood vessels. When the cystitis is acute this color may vary from a light rose to a clear bloody (hemorrhagic cystitis) color; in the chronic state the color is more dirty, brown or slate gray. The smooth brightness of the normal mucous membrane is effaced in catarrh. Here the mucous

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membrane is swollen, there is a certain amount of detachment, and the normal smoothness is changed into a dull velvety appearance. In severe cystitis ulcers may be present. Add to these the presence of the characteristic catarrhal secretion, which passes across the visual field like *mouches volantes*, or in the form of silvery glittering floccules, and we have a picture of cystitis that leaves nothing to be desired as far as distinctness is concerned. The different varieties of cystitis are to be recognized by a difference in the degree and arrangement of the symptoms: acute, hemorrhagic, chronic, gonorrhœal, tubercular.

The smoothness of the mucous surface is often disturbed by the beamlike projections of the hypertrophied bundles of the Detrusor muscle. This trabecular hypertrophy of the bladder, or the *vessie à colonnes* of the French, occurs especially when the bladder has been called upon to do more than its natural amount of work, as in cases of urethral stricture of long standing, and in old prostatics. The beams appear white or more whitish than the surrounding mucous membrane, are seen to cross and to run parallel to one another, forming a sort of network. The larger of these beams often form the boundary line of diverticuli, saclike openings, into which dips the mucous membrane of the bladder. The presence of diverticuli makes it often difficult to decide whether we are not dealing with a stone, and makes it also difficult to find the mouths of the ureters. By bringing the light nearer, however, we can see the radiating folds of the mucous membrane as it bends over into the diverticulum.

Both these conditions, trabecular hypertrophy and diverticuli, are most often found in patients suffering from hypertrophy of the prostate gland. The most distinct changes in prostatic hypertrophy occur, however, near the internal urethral orifice. Normally the sphincter vesicæ appears through the cystoscope as a dark curtain-like fold with its concave borders looking up towards the symphysis; when the prostate is hypertrophied the sphincteric fold presents thickened firm irregularities, half-spherical protrusions, or prominent circumscribed knotty deposits.

Stones and foreign bodies are not only seen with beautiful clearness through the cystoscope, but their form, their size, their position, their mobility, their hardness, and their color may be ascertained. It may be seen whether the stone is encapsuled or not, and, after litholapaxy, whether any fragments are left behind.

Tumors, whether pedunculated or not, whether infiltrating or not, polypi, papilloma, cancer, are recognized by the cystoscope when other methods of diagnosis fail.

The floor of the bladder requires our particular attention. At each of the two posterior angles of the trigonum, we see as the most prominent points of a ridge of tissue (Harnleiterwulst of the Germans) the red mouth of the ureter in the form of a more or less deep dimple or longitudinal slit. We can watch its action and thus study the manner in which the urine is emptied from the kidneys

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into the bladder. The mouth of the ureter gets smaller and gradually contracts till it appears like a flat dimple; shortly afterward this dimple opens itself slowly and enlarges to its original size, then suddenly a stream of water whirls forth. We thus learn that the action of the ureters is different from that of the bladder; the stream is not continuous, but intermittent, contractions and emissions occurring on an average about five times in the minute. Another interesting fact to be learned from watching the ureters is that they do not both act at the same time. Hence we may observe them at different periods and come to a conclusion as to their efficiency independently of each other. But there are times when such simple observations of ureteric action are not sufficient to base our judgment on. We may wish to catch the urine that is secreted by each kidney separately and to learn, by analysis, the condition of each organ. This can be accomplished only by catheterizing the ureters.

Very nearly up to our own days this catheterization was an idle proceeding. It is true that from time to time we heard that a surgeon had catheterized the ureters, but it is to be feared that it was a pious delusion of the reporters. It is admitted that Pawlick, of Vienna, was the first to catheterize the ureters in a woman, but the relationship of the female bladder to the neighboring organs is quite different from that of the male. The ureter in woman is easier to enter than in man. Moreover, Pawlick did not catheterize under the guidance of the eye. Only a little more than a year ago the problem of the catheterization of the ureters was solved in a most admirable manner by Casper, of Berlin. He constructed a cystoscope that carries a canal underneath the optic apparatus, and through this canal runs a fine catheter long enough to be pushed away up into the pelvis of the kidney. As the mouth of the canal opens 6 mm. beneath the prism of the cystoscope, the catheter is kept constantly under the eye of the surgeon, and when the cover over the canal is manipulated the catheter assumes the necessary curvature for entering the ureters; when the cover is pushed forward the catheter becomes curved, when the cover is drawn backward the catheter becomes straight. As soon as the ureter is entered the cover is drawn back a little and the catheter is pushed farther in. The urine now comes drop by drop at different intervals, due to the contraction of the ureters. If, for some reason, we wish to leave the catheter in the ureter, the cover over the canal is withdrawn and the catheter is lifted out by a mandrin. The cystoscope is withdrawn from the bladder and the catheter is left behind in the ureter to fulfil the purpose desired by the surgeon.

The catheterization of the ureters is perhaps the most valuable aid we have in the diagnosis of some of the most intricate urinary diseases. It is the only method that can tell us positively whether the bladder or the kidney is diseased, or whether both organs are diseased, as, for instance, whether we are dealing with a case of cystitis simply, or pyelitis only, or with both. When we are certain that we have to

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do with a case of kidney disease, this method will tell us in which kidney the disease exists, or whether both kidneys are affected. Then when one kidney is diseased the catheter will decide the presence, health, and efficiency of the other kidney. Moreover, the catheter will diagnose to a certainty any obstacle in the ureter, be that obstacle a stone, a congenital or acquired obliteration or stenosis, a bending or torsion of the ureter on its own axis, or temporary dislocation due to spastic contraction.

Diagnosis, however, is not all we may hope from the catheterization of the ureters. This method is also a valuable therapeutic aid. I do not mean to rest on the fact that a positive early diagnosis will lead to a more successful treatment of urinary disease. This fact is so obvious that a mere mention of it will suffice. There are a great many abdominal operations in which the surgeon comes perilously near wounding the ureters. A catheter in the ureter will certainly save this canal from injury, and if injured there is nothing to compare with the catheter in the certainty of determining which ureter it is that is injured and the point at which the injury is located. Finally, the catheterization of the ureters carries with it the possibility of treating the pelvis of the kidney locally. In the dispensary of Casper I had the opportunity of treating several cases of gonorrhœal pyelitis by injections through the catheter into the renal pelvis, and I was surprised at the quickness with which the urine became clear under that treatment and the patients recovered their strength.

There are still other conditions in the bladder that we may observe through the cystoscope. An air bubble may present itself as a peculiar, bright, trembling structure; the walls of the bladder may twitch in consequence of a contraction of the muscularis; we may see movements isochronous with breathing and with the pulse of the external iliac artery; the light may cast long shadows and the surface of the bladder may assume the appearance of a plastic land map. In cystoscopy it is the same as in everything else in medicine; we have to see in order to know, and when we know practice may have its surprises, but it is sure to have its charm.

We must not think, however, that cystoscopy can be practised in all cases that come to us for treatment. Often we have great difficulties to overcome, and sometimes it is altogether impossible to cystoscopize a patient. We know that the urethra must be passable for the cystoscope; that the contents of the bladder must be clear in order that we may be able to see; that the bladder must be large enough to hold 100–150 c.cm. of fluid in order that the cystoscope may not be prevented from moving about in the cavity. All these difficulties may be overcome to a certain degree. Strictures may be dilated, prostatic disease may be brought to a point of tolerating the cystoscope; in profuse bleeding we may practise what is known as "quick cystoscopy," catarrhal changes, reflex cramplike contractions, or a habitual small bladder may be prepared by gradual stages for cystoscopy. But what can we do where there are abscesses, small-

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celled callous infiltrations, cicatrices? Here not even chloroform or ether narcosis can make cystoscopy successful.

Every method of diagnosis has its natural limitations. Cystoscopy is no exception to this rule. But I believe that in every case of urinary disease, after the history of the case and the analysis of the urine have not made it thoroughly plain, cystoscopy should precede all other instrumentation. We shall then be sure of finding the cavity of the bladder in its natural state, free from the accidental infection that so often follows in the path of instrumentation of the bladder, and shall be able to see where others might be at a loss even to feel. There is no doubt that cystoscopy excels all other methods of examination of the bladder by the clearness of its findings.

Moreover, as far as the patient is concerned, the cystoscope is the most gentle instrument that can be put into the bladder. In most cases no anæsthetic, local or general, is needed, and the more one cystoscopizes the less often he uses anæsthesia for that purpose. It is interesting to observe this in Europe. In St. Peter's Hospital in London cystoscopy was not once practised without general anæsthesia during my stay of four months; in Paris, at the Hôspital Necker, Guyon practises with cocaine; and in Berlin, Nitze, the founder of cystoscopy, and Casper, the best exponent of ureter cystoscopy, almost never use any anæsthetic whatever. During my six months' work in Berlin only one patient was chloroformed for cystoscopy, and that was a woman with a deformed pelvis and coxitis. It is safe to say that, properly done, cystoscopy takes the first place among the means at our disposal for searching the cavities of the bladder and of the ureters.

LUPUS VULGARIS.

BY A. H. POWERS, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Since the tubercle bacillus was identified as a cause of consumption, as it was then called, there has been found to be a much more extended field of its growth and baneful influence than was suspected. Tuberculosis of the joints and bones was known as "white swelling," and by a variety of other names. The same might be said in regard to the tubercular inflammation of the meninges and peritoneum. These diseases being in the closed cavities of the body, and only subject to inspection at death, there was not a clear and unanimous agreement as to the etiology and pathology in such cases.

Hence when tuberculosis was suggested as a cause of peritonitis and meningitis, it was accepted quite promptly; but in regard to lupus vulgaris there was a longer controversy; since here was a disease so largely on the surface that it had been carefully observed; and the healing of patches, and the chronic character of the disease differed from the active destructive process in the lung. Further-

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more, the number of tubercle bacilli in a lupus lesion are comparatively few; and since in the microscopic examination of lesions several slides might not show a bacillus, it was argued that those which were found were accidental. Only after repeated inoculation of rabbits and other animals had shown the presence of active bacilli was it conceded that lupus vulgaris was a tuberculosis of the skin. It appears as a tubercle or group of tubercles of reddish brown color and of soft consistency, easily breaking down under the probe or curette; situated beneath the epidermis in the corium. The color does not entirely disappear on pressure, and in this resembles a syphilide, with which it is frequently confounded.

These tubercles vary in size and are chronic in course, constantly appearing, then undergoing a degenerative process, usually healing with a scar. These scars are often diagnostic in appearance. In regard to location, it is most frequently found on the face, but may present itself on any part of the cutaneous surface, or on the mucous surfaces contiguous to the external orifices of the body. The cheeks, forehead, eyelids, and ears may one and all be invaded; and since it is a chronic disease, one part may clear up completely and the lesions be found at some distance from the original site.

The predisposing causes are not well understood, as it frequently is found in persons otherwise in perfect health. There is occasionally a tubercular family history, and it begins more commonly in children and youth, but may appear in those of fifty or sixty years. It is found in all grades of society; the palace and the hovel may shelter the victim of its ravages. In some cases there is or has been coexistent tubercular disease of other portions of the body: as a hip-joint disease, or a tuberculosis of the lung. In regard to the diagnosis, it must first of all be differentiated from syphilis, with which it is most likely to be confounded. In lupus vulgaris the disease begins at one or a few isolated points, and gradually more lesions appear in the vicinity. In syphilis there is the single initial lesion, and this is usually followed by a general eruption over the body, differing in type from the initial lesion. In lupus the tubercle is scarcely perceptible to the touch, and breaks down easily under the probe and curette. In syphilis the eruption is accompanied by a round cell infiltration giving an indurated point to the feel, and does not break down as lupus.

Lupus is found in children and youths; syphilis is rare in youth except the congenital form, in which there should be a parental history of syphilis. When lupus attacks the nose, it is the cartilage that it destroys, giving to it the appearance of being chopped off. Syphilis attacks the bones, and gives the "saddle-back" appearance. The scars of lupus have a great tendency to contract, tending to close the natural orifices of the body when situated near them. The scars of syphilis are thin and parchment-like, and rarely tend to close an external orifice. In cases very difficult to differentiate there remains the inoculation of lower animals and observation of the

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results, also the use of iodide of potash in material doses. The differentiation of lupus vulgaris from lupus eryathematosus is made easy by the presence of tubercles and scars in the former, and their absence in the latter.

Lupus vulgaris might by a superficial observer be called an eczema, since nearly everything is classed as eczema by some; but there is neither the scarring nor the tubercles in eczema; though these may be covered or obscured by crusts in lupus.

A lupus lesion is more localized than is eczema, and lasts a much longer time as a rule.

Epithelioma is much more common in advanced life, and is most frequently, if not always, a solitary lesion; while lupus comes to have multiple lesions. The border of epithelioma is firmer and more like cartilage than that of lupus. The prognosis in lupus vulgaris is favorable as regards the life of the patient, for very few die from the direct effects of this disease; but the probability of radical cure is very slight. It is a very serious disease, attacking the face so frequently as it does, when the result is always more or less disfigurement.

I have at present a case under my care where the sight of one eye is entirely lost, and that of the other much impaired from a lupus of two years' standing. This has come about because the lids have been involved, and the scarring has drawn the lids so that they cannot be closed; and hence the corneas are continually exposed to the effects of the atmosphere. In some cases the mouth is so contracted as to scarcely admit air and food for the sustenance of the patient; and the nostrils are diminished in size. or at times obliterated.

These are the truly desperate cases, and yet even the mildest cases, when the lesions are upon the face, leave scars and deformities.

What can be done for these cases, or, better, what shall we do in these cases? In those who present the strumous diathesis cod-liver oil is to be tried. In any case the patient must be cared for in regard to his general health, and treated much as we would a case in which we feared tuberculosis of the lung before a diagnosis is possible, or in the early stage. This means fresh air, good food, regular meals and hours, proper exercise, and a general oversight of the functions of the body. Remedies such as phosphorus, kali bichromicum, arsenicum iodide, are doubtless of use in many cases; and yet there is no remedy which seems to exert a direct specific influence on the lupus lesion.

The tuberculin, which was to cure all cases, has been abandoned by most dermatologists, and seems of use more as an adjuvant to reveal any tubercles which may be latent, so that they may be destroyed, than as a cure. It does exert a special action on the tubercles, and makes them apparent in the tissues. But internal and general or hygienic treatment rarely results in a cure.

It is true that now and then a case is reported as cured by this or

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that remedy. It is equally true that some cases recover spontaneously, or in spite of treatment. Here, as in many other accessible tubercular lesions, extirpation is indicated. This, however, is rarely successful if the removal is by the knife, recurrence being the rule; and hence only occasionally is it tried at present. A much more promising method is by the use of the curette to remove all diseased tissue as far as possible, then cauterizing the wound.

There is a wide latitude given in the choice of a cautery. Some operators prefer the galvano-cautery or the thermo-cautery, the latter being the more accessible. Others prefer the chemical caustics, such as sulphuric acid: its action being controlled by the use of a solution of soda-bicarbonate, or a solution of caustic potash, and its effect being antidoted by acetic acid.

Pyrogallic and carbolic acid each has its champions as well as the more ancient lunar caustic. Still others recommend the use of an arsenical or calcium chloride paste. Thus you see we have a choice in means which manifestly aim at a common result, namely, the destruction of all tubercular tissue. Perhaps one of the most practical methods is to use the curette carefully and thoroughly, and follow this by the use of carbolic acid. Then dress the surface with an antiseptic dressing, and hope for healing. Exuberant granulation and new foci can be destroyed by carbolic acid or argentic nitrate. This may need to be repeated one or more times; and after the lesions are well there is a probability of a relapse. A less radical method is that of linear scarification. This, however, needs to be repeated a large number of times, and taxes the patience of patient and physician.

If the treatment of lupus promises so little, the question will arise if anything is worth the doing. Though success is not brilliant, yet even when the lesions are not all cured, many are; and the disease is checked in its progress. The hopeless prospect without local treatment should lead us to do all we may to avert the more serious results; and if the case can be seen early, and controlled, much for the comfort of the patient may be accomplished.

A DUMB THERMOMETER. — A member of the Zürich Medical Society recently exhibited a self-registering clinical thermometer on which there were no degree-marks. The instrument could be left with the patient's family to take the temperature in the absence of the physician, and the latter could then read it by means of an attachable scale of glass or metal. — *Medical Record.*

A WHITE tongue indicates febrile disturbance; a brown, moist tongue, indigestion; a brown, dry tongue, depression, blood-poisoning, typhoid fever; a red, moist tongue, inflammatory fever; a red, glazed tongue, general fever, loss of digestion; a tremulous, moist and flabby tongue, feebleness, nervousness; a glazed tongue with blue appearance, tertiary syphilis. — *Ex.*

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EDITORIAL.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

SOME OF THE YEAR'S GIFTS TO MEDICAL SCIENCE.

It oftenest happens that a backward glance, at the end of a medical year, boasts no one point to fix and retain the attention. There are always advances, usually gradual ones, to be noted along certain lines. There are facts of former years to be re-labeled as fallacies; there are experiments with results still in doubt. But of salient, novel developments few medical years have much to boast.

In which respect the present year is noteworthy. Few discoveries and inventions have proved of at once such instant practicality and such vast, incredible promise as that of the X-ray, whose rise the present year has seen. With its origin and its manner of work still in dispute, the achievement of this new weapon in the warfare of science with the ills of mortality is already past dispute. By its aid foreign bodies, swallowed or otherwise introduced into the organism, are located past the need of perilous experiment, and the risk of their presence thus greatly minimized. Military surgery and military exigencies can alone, perhaps, set their highest value on such properties of the X-rays; but the family physician, in a world of babies eagerly inquisitive as to the flavor of buttons and the penetrating properties of needles, has reason to pledge the X-rays his gratitude. Their yet more subtle and marvelous possibilities are as yet too distinctly the subject of dispute and of experiment to make comment on them authoritative. The quickening of some sense-perception in the blind, uncannily akin to sight; the destruction of the tubercles exposed to its strange searching, — these and other analogous wonders may be among the proven and enduring gifts of the X-rays to the year just opening.

Hypnotism, too, has made no little advance in professional acceptance as a worthy and reliable agent in medical work. Surgical operations, in cases where ether and chloroform were inadmissible, from the patient's condition, have under hypnotic suggestion been carried to successful issue. One such — an operation for a bad case of harelip, in a girl of fourteen — is reported interestingly by Dr. Chas. Davis in a recent issue of the *Hypnotic Magazine*. Being

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bidden to sleep, and fear no pain, the girl did so; and on being afterwards questioned, protested that she was conscious of nothing during the operation.

Germane to hypnotic experiments are those in mental therapeutics, which vast field is only newly undergoing intelligent scientific exploration, and in which, no thinker can doubt, lie latent vast forces, infinitely potent for good.

It has been noted that the end of a century is often remarkable for great and unexpected impulse, waves of action and of thought. We can but look forward with ardent curiosity to the revelations the next trio of years have in store for us.

EDITORIAL NOTES AND COMMENTS.

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Two Hospital Reports of much interest offer, from our table, records highly creditable to homœopathy. They come from opposite sides of the hemisphere: the one telling the story of the year's work of the Homœopathic Hospital at Melbourne; the other, that of the Westborough Insane Hospital.

The usefulness of the Melbourne Hospital is increasing in a remarkable ratio; 6,180 patients having been treated in 1896, as against 3,028 patients in 1891. The financial records of the institution show careful management within, and active interest without its walls. Australia seems to boast those white blackbirds, legislators with reason and conscience; since on protest against the small sum allotted the Homœopathic Hospital, as weighed against its relative usefulness, an extra hundred pounds was promptly voted and sent. Out of 880 patients treated, there were but seventy-two deaths.

The Westborough Hospital gives good account of itself, financially and clinically. The whole number of cases treated was 843, with forty-four deaths and 295 discharges; of which number fifty-one were sent forth as completely recovered.

Many needful and welcome changes have been made this year about the buildings and grounds, including the introduction of an entirely new system of sewage.

Hahnemann's Grave in Paris is the subject of an exceedingly significant and pathetic article lately translated for the *Monthly Homœopathic Review* from the *Revue Homœopathique Française.*

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Its perusal suggests how worthy is the effort to so far remedy the sorrowful state of things here set forth, that the day of the unveiling of the Hahnemann monument on our side of the sea might bring announcement from our *confrères* on the other, that the great master sleeps at last in surroundings fitting his dignity of achievement. Following are suggestive extracts from the article in question, which was written by Dr. François Cartier. No better appeal than the simple statements can be made by the committee appointed at our last Medical Congress to "set right this ancient wrong."

"A plain and utterly neglected tomb is that which encloses the mortal remains of the founder of homœopathy! Hahnemann sleeps in the cemetery of Montmartre absolutely forgotten. . . . A corroded roofing of zinc, railings eaten away by rust, a stone without an epitaph, with weeds all around — such is the the resting-place of all that is mortal of this man whose teaching is recognized by more than twelve thousand physicians!

"I hasten to say that the French homœopathists are not to blame for this disgrace. At the time of the master's death in 1842, Paris contained homœopathists and partisans of the doctrine sufficiently numerous to have raised a subscription which would have provided the master's body with a tomb worthy of his name, but it was necessary to obtain the consent of the family before doing so; and Mme. Hahnemann, his widow, sole mistress of the body of her husband, refused to give her consent, and buried Hahnemann almost secretly. 'We only knew of the death of Hahnemann four days after his funeral,' said a doctor to me who had been intimately acquainted with Chargé and some direct disciples of the master, 'and even now we do not know for certain whether Hahnemann died at Paris or at Nice!'

. . . . . .

"Years rolled on, the tomb was left to the uncontrolled keeping of the widow, and by degrees it fell into the most complete neglect. Thirty years after the death of Hahnemann his widow died, in 1872, leaving an adopted daughter, Mme. de Bœnninghausen. This daughter had been adopted, I am told, by the first husband of Mme. Hahnemann.

"At this period the French homœopathists could have taken steps to approach the indirect heir, but France had just suffered cruel reverses, and no one took the matter in hand. Forgetfulness increases as time passes, and to this day the tomb of Hahnemann has received no attention whatever.

. . . . . .

"What is more, the tomb exceeding the regulation limit, the *concessionaire* of the cemetery had power to remove it and to put the body into a common grave, if no one purchased the extra ground. It re-required 110 francs for the purchase of these few centimetres of ground,

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and Hahnemann College of Philadelphia has just paid it into the City of Paris through the medium of Mr. Charles Platt!

"I went on the twenty-fifth of June with Mr. Platt to the cemetery of Montmartre, where they showed us the tomb of Hahnemann. It is covered by a great stone, larger than the rest, with a half-destroyed roof of zinc and surrounded by a rusty railing. Six wreaths, as old perhaps as their surroundings, are lying under the zinc. In a German journal there appeared, a number of years since, a photograph of the tomb of Hahnemann, the six wreaths being represented. On the tombstone there is no inscription; only in small letters 'C. P.,' with a number, indicating a concession in perpetuity.

. . . . . .

"By the side of this sepulchre is a tombstone carefully kept in repair, ornamented with fresh flowers, and with wreaths brought each year; it is the grave of Mme. Hahnemann, who in her last will desired to be buried near her husband. The tomb of Mme. Hahnemann, in fine granite, bears an inscription upon the stone, giving her name, her Christian names, dates of her birth and death, and above all distinctly these words: 'Wife of Samuel Hahnemann.' This tomb is religiously kept in order by the daughter of Mme. Hahnemann, Mme. de Bœnninghausen, who lives a retired life at Durap, a little town of Westphalia. Each year Mme. de Bœnninghausen comes to spend a fortnight in Paris, and gives orders to her mason, M. Noel, to keep in repair the tomb of her mother.

"Is there not reason, when beholding these two tombs — the one freshly renovated, the other completely neglected — to make bitter reflections?

. . . . . .

"For the present, Mr. Platt has received from the Hahnemann College of Philadelphia authority to give a certain sum for keeping Hahnemann's tomb in repair. We are going to have some temporary repairs done for the modest sum of eighty francs. We have decided, Mr. Platt and myself, to remove the old zinc roofing, to wash the tombstone and to scrape and repaint in black the railings surrounding it.

"Poor tomb which hides all that was mortal of so great a man!"

"'RESPECT THE BURDEN!' That's the translation of it, is n't it, doctor?" said Douglas.

They had been standing by the despoiled Christmas tree, these two, in the silent, comfortable, smoke-misted hour just this side of the "twel." The children, vociferant, ecstatic, had been driven bedward, to such a farofannade of horns and drums, of amateur but vigorous performance as only once a year might dare shatter the consulting room's scholastic quiet. The dear mother had followed them, to be sure that the thanks due to Santa Claus were given to

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him under his Other Name. "I hope those prayers melt down through the nursery ceiling, as well as up through the roof, sometimes, eh, Douglas?" the doctor had said whimsically after the sudden hush in the nursery above had wrought its own hush, for the tender minute of its lasting, in the study below, where Douglas and the doctor sat. "In these days of infinitesimal dilutions and X-rays and things, perhaps even the wandering attenuation of a prayer may help us poor medical sinners to live out the moral of that picture."

His glance was resting on the strong and delicate line-engraving in its sober frame of oak, which had been Douglas' Christmas gift from his "Father in Æsculapius."

This picture showed a country road, bordered with the poplars of France. Along the road, under a fervent sun, toiled a peasant woman, gnarled, old, unlovely, bent nearly double under her burden of fagots. Meeting her midway in the road's narrow, grassy path stood a man and a woman: she, a butterfly thing of the court, all elegance and lace and superciliousness; he, wearing his cocked hat above

"That great brow, oppressive with its mind,"

whose plannings materially altered the outlines of the map of Europe, and built, as Conan Doyle says, in that fine ironclad epigram of his, its owner's most imposing monument in the British National Debt. The story of the picture was plain. The *grande dame* would have lightly pushed the burdened crone aside that her superiors might pass unincommoded by; but the emperor was plucking her back, instead, in contemptuous rebuke, with the words that stood as the picture's motto.

"'*Respectez le fardeau!*' That means 'Respect the burden,' does n't it, doctor?" said Douglas. "And it 's a fine story that! I had forgotten it; probably, I reckon, because I funked on it once in French, and so prayed to be allowed to forget it. And I think I can mistily see the moral you mean it carries for us doctors. Anyhow, I see, as Milton says, a 'cherub that sees it'!" Douglas grinned, with the filial impertinence which, perhaps, more than any single quality of his endeared him to the doctor, at the rapidly increasing evidences of cherubic plumpness south of the doctor's waist line.

"Confound your impudence!" grumbled the doctor. But he answered none the less Douglas' indirect plea for the little Christmas Eve sermon which Douglas always declared was his right, since care of the doctor's patients cheated him out of any sermon on Christmas morning.

"Yes; that 's what it means — 'Respect the burden!' And it 's one of the decentest things Napoleon ever said, and it 's one of the pictures I always thought ought to hang in a doctor's office and preach doctors a lesson; preach patients a lesson, too, sometimes,

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for the matter of that, when their unearthly, gratuitous selfishness lays fagots on their doctor's burden of care and sleeplessness and hunger and money bothers!" parenthesized the doctor with a twinkle. Even in his hours of preachment the doctor never could let a possible joke slip by without putting salt on its tail.

"But preach to the doctor first, last, and always. Preach to him that a burden is the one thing on earth that gives a man the right to expect his fellow-men to step aside for him. Rank has no such right, nor money. The doctor who shortens his dinner because the patient waiting in his office has a million of money ought to secure a situation as valet. The doctor who does n't shorten his dinner because the patient waiting in his office is being torn apart by neuralgia, ought to get a taste of his eternal roasting a little in advance, and find out so the rights of pain.

"To 'respect the burden' and to step aside for it; that 's a lesson worth a doctor's learning. To step aside from his roads of dogmatisms and pride and theory and prejudice and comfort because one who is sorely burdened meets him there.

"From the road of dogmatism. He may have convinced himself by the most flawless and gaudy logic on earth that the millionth dilution of something, the inerter the better, will relieve gallstone colic. But when it does n't relieve for a cent, after the 'reasonable interval,' — that probably seems rather less reasonable to the patient than it does to the medical experimenter, — what shall he do? Keep on his dogmatic road of pride and theory, remarking that if the facts don't jump with his theory, it 's so much the worse for the facts? Or respect the awful burden of pain before him and step aside from theory and just plain *do* — do anything decent and honest in the way of medicine and adjuvants, until that burden has passed by? Which will he do? Well, that will depend upon whether he was born a man or a mule.

"From the road of comfort. He may know precious well that that call from Mrs. Youngwife, which jerks him out of bed on a zero midnight, is a false alarm; he saw her at six o'clock! But does he any the less turn out for that and give the reassurance that 's more fatherly than professional, at the last analysis, to the poor little soul, bending under the burden of new responsibility and near peril and pain? Not he! Or else it 's a pity his mother ever 'borned' him!

"Is he dealing with that bitterest of all burdens — mental alienation? Does he know what it means to respect that burden? Does he appeal always to that in the patient which is *sane*, which, groping in hag-haunted darkness, yet gropes toward the light, treating that something with the sensitive and gentle respect which none so keenly appreciate as those conscious that their outward situation and seeming no longer command that respect? Unless he so respects that burden, it 's to be hoped his next incarnation will take the form of incarceration, and that his bars will hold! What 's the matter, James?"

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The servant, thus permitted, pushed open the study door.

"If you please, sir, Mrs. de Nerfs says would the young doctor" —

Douglas glanced at the doctor, at the fire, at the picture; and, to do him justice, crossed to the coat closet without a word to which the "young person," if present, could have taken the exception of a blush.

"Nerves! you had n't gotten around to them yet, sir; but nerves are no small burden, or one to be little respected?"

"Nerves be d—d!" said the doctor. "You could n't say it, lad, so I had to; and please remember it is n't the first time the participle has been used in a sermon. Nerves be — what I said; but the wretched soul meshed in them and too weak to work her way out, — well, she is to be respected, Douglas, my lad, for her burden's sake. So go along and respect her! And remember that *saccharum lactis*, exhibited as a remedy of power, is 'na lie in any preceese sense of the word,' as Kipling's Scotchman would say; and then come home and take the Christian rest you 'll have earned by following what was sound Christian advice, though it came from one old pagan, and has just been sermonized on by another!

"'Respect the burden!' To have done so is, perhaps, to have established some little claim to mercy at that bourne where burdens fall!"

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular meeting in the College Building, East Concord Street, on Thursday evening, November 5, 1896.

The meeting was called to order by the president, Dr. William J. Winn.

The reading of the records of the last meeting was omitted.

The following physicians were elected to membership: Drs. E. E. Allen, of Charlestown; H. H. Amsden, of Attleboro; Lucy Barney-Hall, of Hyde Park; C. H. Gould, of Brockton; and Mary R. Mulliner, of Boston. The committee on the obituary of Dr. Leslie A. Phillips reported through its chairman, Alonzo Boothby, M.D., who made appropriate remarks regarding Dr. Phillips' life and character. Dr. Conrad Wesselhoeft moved that Dr. Boothby put his words in writing, as expressing the sentiment of the society, and that the same be sent to Dr. Phillips' family. This motion was seconded and carried.

PATHOLOGICAL SPECIMENS.

Hypertrophy of the mammary glands. Dr. Packard exhibited two enormous mammary glands which had recently been removed, and

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said the two together more than fill this fairly large-sized basin. The increase was caused by hypertrophy of the glandular and connective tissues. This was incident to pregnancy, but may occur in both unmarried and married women. In the unmarried it usually occurs at or about puberty. When it occurs under such conditions there is absolutely nothing which will give relief except amputation. When incident to pregnancy the conservative course is to wait until its termination and then make removal. That course was followed in this case, and the patient has now undergone two operations, done separately for each breast, one early in October and the other about two weeks ago; and the patient is now convalescent. The load was so great that during a large period of gestation she was obliged to lie on her back.

I would add a few words about this process of hypertrophy. There is a normal and an abnormal hypertrophy. The normal is illustrated by that enlargement which occurs when one organ must take on the functions which two have performed, as when one kidney assumes the functions of both. The present case is abnormal hypertrophy, and may occur from the stimulus of puberty or pregnancy. Why there is not the usual limitation no one can say. It is seemingly the normal process run riot. The atrophy after parturition was something remarkable. Partial atrophy of the remaining breast followed removal of the first one. The first one weighed eight pounds; in the intervening two weeks the second had reduced to five pounds. How far the diminution would have gone on if we had left the case untouched no one can say. Even with the utmost atrophy possible, two enormous masses of tissue would remain which would have been a great annoyance, and if another pregnancy occurred the trouble would be just as great as before. There is only one other recorded case in New England, operated on at the Massachusetts General Hospital. There are only three in the whole United States.

Dr. Wesselhoeft. It was a rare case that engrossed my attention from the first. The first signs of this disease occurred about the seventh of August, 1865, when the patient first came to see me. It had the appearance of phlegmonous inflammation of both breasts; redness, soreness, heat and sense of fluctuations. Then followed a period of amelioration. About the middle of September the breasts had begun to inflame again, were red, hard, and hot. Temperature of patient was between 99 and 100 degrees, never much higher. It puzzled me at first to know what this meant; but found it was hypertrophy of the breasts. I thought each breast must weigh about ten or twelve pounds. By the time of operation the weight had been considerably reduced. When this started in August she had been married only a short time. Became pregnant in October with these breasts already developed to such a degree that it was very difficult to find any support for them. The woman could no longer approach her arms to her sides or walk, and when lying down, was burdened by dragging upon her chest. I expected that about the third or the

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seventh month of her pregnancy she would miscarry, but she did not. Ate well, slept well, cheerful, in good spirits, and courageous. Passed over these critical periods of her pregnancy up to the very day of maturity and, when labor pains came on exactly at the right time, was delivered of a healthy child weighing seven and a half pounds.

Section of Materia Medica.

F. W. HALSEY, M.D., Chairman, JANE K. CULVER, M.D., Secretary, JAMES S. KENNEDY, M.D., Treasurer.

Dr. Halsey took charge of this session and introduced Prof. Harold C. Ernst, of Harvard Medical School, who spoke on

ANTI-TOXIN IN DIPHTHERIA.

Mr. Chairman and Members of the Society, — It was a surprise to me to hear that you had had a discussion upon this subject at one of the recent meetings, because I came here hardly knowing how to treat the subject unless I began at the beginning, and I may therefore be going over ground that you have heard discussed to your entire satisfaction before.

All the facts that appear to us to be facts have thus far been demonstrated by work done within the last twenty years in the studies of the great questions of immunity. Immunity is of two kinds, natural and acquired.

The natural immunity of races of animals, or races of men, or individuals of a single race, is the resistance against certain definite diseases. Some conditions are seen in certain diseases common to the higher life of civilization, and not to the more degenerate, less developed races. What has attracted the attention of experimenters in the last decades is the condition of acquired immunity. Everybody knows that after an attack of scarlet fever, or measles, we are constantly saying that we have had it and we won't have it again. The reason is that acquired immunity has obtained in the individual as the result of an attack of the disease in question. That is one way. Second, acquired immunity has been shown by the great experiments of Jenner, which have been carried on for over a century. This is illustrated perfectly by vaccination, the producing of an attack of a mild disease, cowpox, the same in type, but not the same thing. Certainly a large portion of the medical profession believes that this milder type of the disease does furnish an acquired immunity from the more malignant form of disease. Results of experiments within the last few years have shown that this acquired immunity may be produced by anti-toxin substances. Before we can have any rational idea of what we are trying to do we must have a satisfactory working theory as to what acquired immunity actually is.

One of the first theories was the so-called exhaustion theory of Pasteur, formulated by him as the result of work upon bacteria. This acquired immunity appearing after an attack of the infectious

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disease was because the condition necessary for the growth of the bacteria was exhausted. Until this exhaustion was made up, immunity against the second attack lasted. That appeared to be rational, but does not have wide acceptance to-day, but there are certain conditions in which it seems to be the only explanation of the condition of acquired immunity.

To take the place of this, Chauveau formulated the so-called retention theory. It was found first by the observation of the products of the test tube that bacteria would develop up to a certain point, but after a time this ceased, not only because they had exhausted the nutrient material, but also because as a part of the process of their development they produced in the test tube certain new compounds that were destructive. This same process went on in the body of a person attacked with the disease, and these new compounds or toxins were retained in the living tissues for a greater or less portion of time, and while remaining prevented the further development of the same sort. This theory also had certain experimental facts to support it, but did not satisfy all the conditions, and could not be widely applied.

Then came the widely discussed theory of Metschinkoff, which has been elaborated by Metschinkoff and his followers. His theory of phagocytosis depends upon the fact that bacteria are surrounded by the phagocytes and cells coming from other tissues. These cells seize upon the bacteria, englobing them and causing them to disappear. Either the process of recovery goes on, or else the person is not attacked by the disease at all. This theory has not until recently received much support in Germany. Certainly it does solve many of the problems of acquired immunity; inasmuch as this theory did not satisfy the German mind, or at the same time that it did not, other theories were formulated there as the result of experimental work in the laboratory.

Perhaps Buchner's prominent humoral theory, which teaches that living bacteria introduced in the blood plasma of almost any animal will then and there so lose their vitality and power of further propagation, and thus account for the condition of acquired immunity as seen following the result of different experiments. This humoral theory does not answer the conditions as does the theory of phagocytosis. Under certain conditions the humoral theory may be brought in to explain that which the theory of phagocytosis has not sufficiently demonstrated, but the humoral theory to my mind does not have much of a place in acquired immunity.

Lastly, however, and by far the most important, is the theory of the anti-toxins, and it has only been since the elaboration of this theory, which we owe to the Germans, that any explanation has been offered, or any practicable method shown of applying the experimental knowledge to the treatment of disease. The theory of anti-toxins is very briefly stated. Anti-toxins are the result of accustoming the tissues to the toxins. Bacteria growing in the test tube and growing tissues

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in both conditions produce toxins of the nature of alkaloids and extremely poisonous. The anti-toxins are new products thrown out by the cell activity as a counteracting influence to the toxins. Toxins are produced by the growth of the bacteria. Anti-toxins are the result of the new cell activity taken on by the cells due to the irritation of the bacteria. The anti-toxins do not act harmfully upon the bacteria, that is, do not preclude their growth in the animal body, but prevent the pathogenesis by annulling their activity, placing them in a position exactly parallel with non-pathogenic bacteria.

The anti-toxin is a neutralizing agent only, and so in therapeutics finds its proper sphere in the beginning of disease. But later in disease we have symptoms resulting from disorganization of the nervous system, degeneration of the heart muscle, and the neutralization of the poison cannot be of any value here because the lesions are irreparable. The anti-toxins are specific substances, more or less stable, much more so than the alexins, resist heat of 75° C., reasonable amount of exposure to light, and are not altered by the decomposition of the substances containing them. This should be borne in mind in the warranty for the use of anti-toxins.

The use of anti-toxins upon the human body are, of course, based upon laboratory experiments. These are exact, and have been repeated thousands of times. The only point was whether these experiments warranted the further procedure of the application of the apparent knowledge to the human subject. There is another interesting point in the production of immunity with the anti-toxins. The toxin immunity is the result of the use of the toxins. The toxin immunity is what is secured in the horse that is being treated in order to obtain the serum containing the anti-toxin. The dose of the toxin is gradually increased until the horse is able to stand 250 cubic centimeters without any reaction whatever.

This is a very slow process and wholly inapplicable to the human subject. This anti-toxic immunity comes very quickly; it is very safe and quite certain in its action; it only lasts a very short time, but of course in a case of diphtheria it is not required to last a long time. Toxin immunity lasts practically indefinitely.

It is very evident that no single theory explains all the conditions of immunity. The working out the problem of each disease lies before the experimenter. This seems to be the case in diphtheria. Serum is used upon a rational basis, and this cannot be said to be the case in some other diseases. Only an approach has been made in this, but it furnishes a groundwork upon which the use of anti-toxin serum is carried on and the warranty for its use. Results seem to bear out the feeling that, properly prepared and properly applied, serum acts as a specific in diphtheria.

Properly prepared and properly applied are the most important parts of the whole subject. I have had charge of the production of the anti-toxin of diphtheria in Boston. All I can place before you are the results which I know. I am responsible for the proper

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preparation of the serum; the gentlemen into whose hands it passes are responsible for its proper administration. The actual statistics of the cases are in my hands so far as that every bottle of serum that passes out of my hands is accompanied with a blank which is returned to me with a few data of the case indorsed upon it. Anti-toxin has now been in use over three years, and the consensus of opinion is that it is a remedy of great value in the treatment of diphtheria. It has not been shown to be of value in the later symptoms characterized by the failure of the heart's action. In the Boston City Hospital there were in

1891,	237 cases of diphtheria treated, with	105 deaths.
1892 and 1893,	387 " " " " "	185 deaths.
1893 and 1894,	438 " " " " "	203 deaths.
1894 and 1895,	when anti-toxin was used in only a comparatively small proportion, there were 698 cases treated and	266 deaths.
A total of	1,760 cases treated and	759 deaths.

with a percentage of forty-three, about the average of diphtheria in this country and Europe, and we must bear in mind that only severe cases are sent to the hospital. In the South Department of the Boston City Hospital from September, 1895, and in 1896, when every case was treated with anti-toxin, there were 1,359 cases treated and 170 deaths, a percentage of twelve. In 1895 throughout the whole city there were 4,059 cases reported to the Board of Health and 588 deaths, a percentage of 14.48, and this included many mild cases.

In many cases the membrane covered the tonsils, uvula, and nearly the whole of the roof of the mouth. As regards the results, it is manifestly evident that moribund cases should not be used as an argument against the remedy. The effect of anti-toxin in the operative cases is very marked, the relief in many instances being great.

No serious effects followed the use of anti-toxin in the hospital. In a few cases abscesses have occurred at the base of the injection, sore joints, but not dangerous, and urticaria, causing discomfort, but not a grave symptom. In the Children's Hospital, where careful observations have been made, albuminuria has never been found to follow the use of the serum. No cases of anuria at the hospital. Paralysis has been noticed in a small number of cases. Numbers somewhat less than before the days of anti-toxin.

Professor Ernst read some statistics from Dr. McCullom's reports, and said that the statistics were public and for any one to see who cared to take the trouble to look at them. Every case reported to me up to the time of making this report is shown on this or similar charts of the Board of Health report. (Description of chart, and it was passed around for inspection.) In this serum we have a specific against disease, if properly used.

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DISCUSSION.

Dr S. H. Spalding. In using the anti-toxin the time since it was prepared varies very much in length, from one or two months to a year, and it has always been a question in my mind how long it retains its curative properties.

Prof. Ernst. If properly prepared, it lasts, so far as we know, from six to eight months. As to whether the particular specimen prepared for commercial use was properly prepared would be an open question. That, of course, is a very great drawback in regard to any such material as this. There is, or was a great deal of money in it, and people were apt to rush it on the market without its being properly prepared.

Dr. F. A. Gardiner. In the treatment of my cases with the anti-toxin of the New York Pasteur Institute I have been impressed with the frequency of urticaria, and its great infrequency following the use of other preparations. A physician of my acquaintance told me that in thirty-five cases where he used Behring's serum no urticaria followed.

I was much interested in the statement made that anti-toxin, while diminishing the virulence of the bacteria, did not diminish their number. . . . Dr. Gardiner cited a case in one family where cultures showed diphtheria bacilli present, but the throats cleared within forty-eight hours; but in two of the patients the disease germs were present for three weeks afterwards. He said this led him to believe that it is impossible for the physician to say whether the case is one of mild diphtheria or follicular tonsillitis.

Dr. J. T. Sherman. My experience in the use of anti-toxin has been quite limited. The first two cases were of peculiar interest to me as they occurred in my own children, and the origin of the case may be of interest to the members of the society. The first little girl contracted it from a case that was not reported because of the failure to find diphtheria bacilli in the culture. Later on I learned that pure listerine was used by the physician to swab the throat prior to taking the culture, which was the probable cause of failure in finding the bacilli. My own little girl was seriously ill at the outset. I made a culture and sent it in at once. Next morning she had grown rapidly worse. Microscopical examination showed the presence of the diphtheria bacillus. Prof. Ernst advised me to use anti-toxin at once, and for that advice and for the kindness which he showed in that and subsequent cases in my family I would like thus publicly to express my sincere thanks.

We lost several hours in preparations for the injection. At two o'clock that afternoon when the anti-toxin was used the condition of the patient was as follows: Temperature 100.2 degrees, pulse 100, respiration 26 and labored. Patient very uncomfortable, throat completely covered with a thick yellow membrane, tonsils and submaxillary glands extremely enlarged with copious acrid nasal discharge. In twelve hours she had seven loose yellow involuntary stools with a

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great deal of mucus. At the time anti-toxin was used the child was semi-comatose. Fifteen cubic centimeters of anti-toxin were injected; in two hours after her temperature had risen $\frac{8}{10}$ of a degree. The next morning it was 99 degrees. At ten o'clock the next morning we gave 10 c.c. of the anti-toxin. Twenty-five hours after the first dose the membrane appeared a little drier around the edges, and in thirty-six hours from the time of the first injection it was coming off in large pieces. In seventy-two hours from the time of the first injection there was not a trace of the membrane in the throat. Temperature next morning was 99 degrees, next day 98, and never higher. Albumen $\frac{6}{10}$ of one per cent, urticaria severe but less than after vaccination. She made a good recovery.

Three days from the time she was taken my wife developed the disease. In her case it was between five and six months before she regained her health and strength. Albumen was also present and lasted very much longer than it did in either of the children.

A week after fumigating the house my older daughter complained of headache, prostration, and fever. I examined her and found temperature 104 degrees; there was membrane on both tonsils of the true ashen gray color, which meant mischief. I used anti-toxin without waiting for any culture. Next morning I made a culture and to my surprise no bacilli were found. I thought it was due to my failure in making a proper culture and tried again with the same result, and, through the kindness of Prof. Ernst, cultures were made every day from the beginning to the end, and at no time were bacilli found. I never questioned for a minute that it was a plain straight case of diphtheria, but in order to verify my diagnosis I had Drs. Lee, Sawyer, Crowell, and Stedman see the case for the purposes of diagnosis. I also had Drs. Sawyer and Crowell make cultures, but with negative results. After using anti-toxin the membrane for three days more found both tonsils were completely covered. After that it came off quite rapidly, but the child did not make as good recovery as her sister. Injection made in thigh was followed by enlargement of the inguinal glands lasting several months. Albumen was present in this case and later partial paralysis of the lower extremities. Prof. Ernst told me to-night that that was the first case he had ever known where the bacilli were not found.

My success with my own children and other cases has been such that I should feel criminally negligent if I should allow a case to die without having had the benefit of anti-toxin treatment. I believe that if the use of anti-toxin was advocated in the earlier stages of the disease without waiting for a culture, the death rates would be very materially lessened.

Prof. Ernst. We know what the clinical picture of diphtheria is, and we know more and more emphatically that the early use of the serum is of the utmost importance, therefore personally I think the members of the Board of Health advocate the use without waiting for culture.

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Dr. G. B. Rice. Last Tuesday I was telephoned to by a physician describing a case under her care. I told her it was undoubtedly diphtheria. She took a culture that day and sent it to the Board of Health with negative result. To-day I find undoubted evidence of diphtheria. The case was not reported nor placarded, and not isolated. How much responsibility shall we put upon the Board of Health, the microscopist, and how much upon ourselves?

Prof. Ernst. I think one of the things for the profession to recognize very generally is that we must understand that follicular tonsillitis is just as infectious a disease as diphtheria, and we should isolate every patient just the same.

Dr. G. B. Rice. Does the Board of Health recognize that fact? Do they recognize that patients should be isolated, placarded, etc.?

Prof. Ernst. I don't know whether they do or not. I should imagine not. I know the Board of Health here has been seriously considering putting tonsillitis in the same category with diphtheria.

Dr. F. C. Richardson. I am in a position to make a statement that Prof. Ernst's modesty deters him from making in regard to the anti-toxin which he puts up for our use. I had the opportunity to go with him to the anti-toxin station and witness the process of obtaining the serum, and without taking your time with the details of that method I would say that I was impressed with the care with which the whole process was conducted and the precautions and neatness of the whole proceeding, and I feel that I can recommend most thoroughly the anti-toxin which is prepared by Prof. Ernst and his assistants. I wish also to say that I think we owe him our sincere thanks for the personal attention which he gives to the propagation of this serum. He does not leave the matter to his assistants. He is not satisfied with simple reports from them, but, at what must be considerable inconvenience and discomfort, he makes frequent trips down the harbor to the island and supervises the whole process himself, and therefore we may rely absolutely upon the purity and exactness of the serum which we obtain having his indorsement.

Not long since, I took the liberty of speaking of a series of cases which had come under my personal observation, and the results which I obtained, and I can only add that my results are still good. I know that some of my more conservative friends here think that perhaps this is under the "enthusiasm of youth" and all that, in fact I have been accused of that and I cannot be surprised if I hear it again, but I will say and do not hesitate to say that in my section of the city we rely implicitly upon anti-toxin in the treatment of diphtheria. We feel absolutely certain that in the majority of cases we have a curative agent, and also that we have the power of granting immunity in a majority of cases where anti-toxin is properly used. It is easy to make aseptic use of it if we once get into the habit of doing so. I never had an abscess, and I have injected quite a large number of cases. I don't believe there is any need of it. I have had cases

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of urticaria and I have observed the joint pains, but only in a small proportion of cases.

Dr. W. T. Talbot. It would be most interesting if Prof. Ernst would give us a little information in regard to the technique of the application of the serum after it leaves his hands.

Prof. Ernst. I don't know that I can speak of it without going a great deal more into the detail than the time will permit. I will say that the serum as it leaves my hands is sterile. Thus far I have distributed it in 10 c.c. bottles, and it is very frequently the case that the physician uses only five or six, and with such physicians as I have been able to reach I have urged them not to hoard the remainder. I stopped one gentleman from New York from using a portion of a bottle of serum which he had had on his office shelf for three months uncorked. A number of physicians do not realize the fact that blood serum, or this material, is anything different from some alcoholic invention which will keep indefinitely. Therefore, the first advice is, if you don't want to use it at once, throw the remainder away and get a fresh supply next time. Have the point of injection clean. Personally, if the patient is clean habitually, I never do anything further than to wash the spot with a little alcohol and ether, and be sure that the syringe is dry. Inject at the point which seems most convenient. Theoretically it would be better if one boiled the syringe, but practically it has proven not necessary. This I think I verified pretty well in my application of tuberculin a number of years ago, where in all the injections that I made I never used anything with which to sterilize the needle except alcohol and ether, and with seventy patients in my care at the time I had no indication of local reaction, much less any abscess. The alcohol and ether, in equal parts, must be shaken out of the syringe much more thoroughly than in the use of tuberculin, for the reason that in this instance it does precipitate something if there is enough of it left in the syringe, but it can be easily gotten rid of by evaporation. The chief trouble arises from the fact that physicians are not sufficiently careful of the needle, and therefore I personally make it a practice to use a fresh needle on each patient. Needles only cost twenty-five cents, and I believe this is the greatest safeguard that can be used.

Dr. E. P. Colby. We have listened to a very satisfactory and instructive talk by Dr. Ernst, and I move that a vote of thanks be extended to our guest for the able and instructive address he has given. . . . Submitted and carried unanimously.

Dr. J. W. Hayward. I should like to ask one question for the benefit of us countrymen who live in the backwoods, and that is, is the different degree of severity an indication of the amount of antitoxin which should be used? For instance, does a malignant case demand a larger quantity than a milder one?

Prof. Ernst. I don't think we know enough about it as yet to make any such distinction, and therefore the dose that is usually recommended is based upon a quantity sufficient for the more malig-

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nant forms. Recent statistics seem to urge the use of more rather than less in quantity. The quantity then would be gauged more by the age of the patient than by the severity of the disease, because the severity of the disease is regulated not alone by the time of the disease but by the individual susceptibility, and as a rule I am inclined to believe that the virulence of the bacilli is about the same. What is now a mild case may be in the course of twelve hours an extremely malignant one, and the whole point of anti-toxin is to use it early.

Dr. J. W. Hayward. I suppose the severity of the case marks as a whole the susceptibility of the individual.

Prof. Ernst. That is the position I am inclined to take at present.

Dr. J. W. Hayward. What would be the indication for a repetition of the use of anti-toxin?

Prof. Ernst. I should use it again in at least fourteen hours. I should certainly never wait more than twenty-four hours for an improvement in the symptoms, and if the case was fairly severe I should use it again in fourteen hours.

Dr. J. W. Hayward. Is there any limitation to the number of times of using it?

Prof. Ernst. No, because those cases which don't show improvement will limit themselves very quickly.

Dr. Conrad Wesselhoeft. There is one word I should like to say, and that is to express my gratification that so much interest is shown by homœopathic physicians in this matter, and I think it has been shown beyond doubt that we are as much interested in scientific progress of this kind as any one can be. I know that there is a small coterie who are opposed to it, but they are not peculiar to our school; they are everywhere, but will be of no influence in checking the scientific spirit which the subject demands; and that it is so fully carried out and so fully expressed as it has been to-night is very gratifying to me.

Dr. F. A. Gardiner. Inasmuch as an attempt has been made to throw discredit on the anti-toxin treatment of diphtheria, I would like to ask Prof. Ernst if he has known any secondary results following the use of anti-toxin that could not have occurred if anti-toxin had not been used?

Prof. Ernst. A most decided negative should be returned to that question.

Dr. Alonzo Boothby. I have known very little about this subject until to-night, but I believed from what I did know that it was the coming remedy for diphtheria. It seems to me that the statements which I have heard made are absolutely undeniable and cannot be controverted. When Dr. Richardson advocated it several years ago I thought that he was right, now I know it.

Dr. Walter Wesselhoeft. I have had no experience in treating diphtheria with anti-toxin. In the last four years I have seen but four cases of unquestionable diphtheria. It so happened that they

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all recovered under the usual methods. I wish to express the greatest pleasure in hearing so lucid and convincing an exposition of the new method, its strictly scientific character and its far-reaching bearing. For my part I can now go to bed at night with such confidence in the remedy of this destructive disease, which up to this time I have dreaded.

I feel there is even wider cause for rejoicing, for we have now found from accurate experiment a therapeutic agent such as up to this time we have not possessed. If in one instance a disease of such destructive character can be met and overcome, the whole outlook seems to me to be brighter and more cheerful.

Meeting adjourned at 10 o'clock.

J. EMMONS BRIGGS, M.D., *Secretary.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Worcester County Homœopathic Medical Society was held at the Young Women's Christian Association building on Wednesday, November 11.

The meeting was called to order by the president, Dr. Carl Crisand, at 10.30 A.M.

Reports of secretary and treasurer were read and approved. The election of officers for the ensuing year resulted in the following choice: President, Dr. W. H. Bennett, of Fitchburg; First Vice-President, Dr. Geo. S. Adams, of Westboro; Second Vice-President, Dr. J. F. Worcester, of Clinton; Secretary and Treasurer, Dr. Amanda C. Bray; Librarian, Dr. Edward D. Fitch; Censors, Dr. G. P. Rand, Dr. C. L. Nichols, Dr. J. K. Warren.

Dr. H. E. Packer, of Gardner, and Dr. Jennie T. Miner, of Worcester, were admitted to membership. The names of Dr. Hovey L. Shepherd, of Springfield, and Dr. H. Lamphear, of Worcester, were proposed for membership.

The routine business being finished, the Bureau of Surgery and Physical Diagnosis presented through its chairman, Dr. O. W. Roberts, of Springfield, an excellent program. The first paper was presented by Dr. Geo. S. Adams, on the "Physical Examination of the Insane." The paper was brief and to the point. He said: —

"The results obtained by the careful physical examination of all patients admitted to the Westborough Insane Hospital for the year ending September 30, 1896, were as follows: Of the whole number admitted, 276, 160 were women, 116 men. Of the 160 women there were 21 admitted who showed physical signs of the beginning of phthisis, though in but one was there found the bacillus of tuberculosis in the sputum.

"There were 11 cases of valvular disease of the heart, often associated with disease of the kidney. There was found albumen in

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the urine in 15 cases, and in nearly all of these microscopical examinations showed casts. Two cases of diabetes were found, and 9 others showed a trace of sugar in the urine. There were 39 cases of disorders of the reproductive organs, but all these were of minor importance.

"Of all the cases admitted 85 had the phosphates in the urine normal; in 53 they were increased; in 118 the phosphates were diminished.

"Of the men one had incipient phthisis. This is in marked contrast to the women (21), but a decided difference in the proportion of this disease between men and women has been noticed in former years. There were 6 cases of organic heart disease, and 4 cases with albumen in the urine. Of diseases of reproductive organs there were 21 cases, chiefly of gonorrhœa and syphilis. Diseases of the vital organs are usually to be found in chronic diseases of insanity; that is, in cases not likely to get well. Sometimes a person is sent to an insane hospital as an acute case when the mental condition is due wholly to the impure blood circulation resultant on disease. One patient was received recently with a temperature of 105°, and the assigned duration of insanity was given as one week. Physical examination showed pus and albumen in the urine and valvular heart disease. She lived but a short time, and the autopsy revealed in addition cirrhosis of the liver.

"Again a patient came in as insane from ill health with cystitis. Here also pus and albumen were found, and the patient collapsed in a few days and died. The autopsy revealed both kidneys in such a condition of suppurative nephritis it was a surprise that the patient lived as long as she did.

"Another patient suffered from melancholia for two years; under very best treatment, failed to recover as she should have done. On admission to this hospital microscopical examination of the urine showed waxy casts, which at once revealed the reason for non-recovery.

"Many more illustrations might be given, but these are sufficient to show that mental states often arise from prior physical disease, and that some, at least, of the cases that are sent to an insane hospital might better remain at home until death gave relief to their sufferings.

"It is eminently desirable that careful physical examination of all cases, where there is a history of previous ill health, should be made before admission to any hospital."

Following this paper Dr. Adams kindly answered the many questions which the paper called forth. The next paper was given by Dr. Crisand, on "Hip Disease." He spoke briefly of the anatomy of the joint and the ætiology, dwelling minutely on the three stages of the disease, the importance of conquering the trouble in the first stage, or the first half of the second stage, before effusion has taken place. The treatment he divided into medical, mechanical, and operative. Rest in the first stage, *absolute* rest, watching carefully the increased or diminished pain and thigh stiffness; and for the second

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stage the well-adapted thigh extensions and the importance of applying the tension in the line of the deformity.

DISCUSSION.

Dr. Rand spoke of the use of silica in the medical line of treatment and his belief in its efficacy.

Dr. Fisher spoke of a case where absolute rest for nearly a year had cured the little patient, that the deleterious effects of a prolonged period of remaining in bed were greatly exaggerated. He advocated the Hilton method and extension splint of Thomas type.

Dr. Nichols emphasized the importance of rest *without* pillow, the use of Hecla lava 6 x, and cod-liver oil if tolerated.

Dr. Mellus asked if any present had ever observed any cases of hysterical hip joint.

Dr. Nichols reported two cases, one a child of thirteen years and a woman of thirty; recommended the use of hypophosphites and the gymnasium for child and galvanism for woman.

Dr. F. R. Warren then read an interesting paper on "Tuberculosis of Larynx." He spoke of the difficulty of correct diagnosis, of the presence of the tubercle bacilli in the sputum giving no conception as to the exact location of the lesion in the air passages, so that one must depend upon laryngoscopic examination, and even by this method how easy it was to err in diagnosis; painful deglutition being an early symptom, becoming very serious, distressing, and alarming during ulcerative stage, there being usually very little if any pain. As the disease was hard to eradicate, so were the symptoms difficult to relieve; but little could be done in the way of local treatment, and this little more than temporary help. Report of case — Mrs. G——, age forty-six. Family history of tuberculosis; patient had had a cough ever since she could remember; of late frequent attacks of sore throat, more or less aphonia. Two years ago first consulted the doctor for cough. Had many of the subjective symptoms of consumption. Examination of sputa negative. Under tonic treatment gradually recovered with exception of dry, hacking cough. In the middle of February last noticed beginning of an enlargement of the thyroid cartilages with painful deglutition; and the jar transmitted through the body as she walked about the house caused intense pain. The enlargement increased as well as pain in swallowing, with complete aphonia. The only rest obtainable was in the sitting posture. On the fifteenth of May slight fluctuation just above the circoid cartilages; upon incision a tablespoonful of pus was obtained, followed by great relief from pain, but aphonia still continued, also slight discharge of pus from wound. Passed the summer comfortably till September 10, when she began to be troubled with dyspnœa, the attacks paroxysmal, mostly at night, and resembling cases of membranous croup. During one of these attacks she was hastily removed to Memorial Hospital in anticipation of tracheotomy

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to save her life. She was relieved without operation, however, leaving the hospital in ten days. Examination at this. time revealed a larynx much swollen and congested, on right side enlargement like an elevated cushion, considerably paler than surrounding tissues. No ulcerated patches or nodules. The cough greatly aggravated, with difficulty of breathing; large quantities of glairy mucus expectorated, which on examination revealed the tubercle bacilli. The lungs revealed dulness on percussion in both apices, and moist rales on auscultation. The diagnosis was made of perichondritis of thyroid cartilages, tuberculosis in origin, with a probable infection of laryngeal tissues. Treatment has been the steam atomizer, with compound tincture of benzoin, listerine, eucalyptus, etc., which has given some relief; but a two per cent solution of cocaine in dilute listerine has been most helpful, affording almost instant relief to the cough and helping the breathing. The dryness of throat has been benefited by frequent administrations of petrozil. Kali bi. and the hypophosphites have made the patient comfortable, breathing easier, cough better, and rest at night.

Dr. Fitch. "This is one of the common and most fatal forms of laryngeal trouble. Diagnosis is not easy, but we should bear in mind the three important symptoms. 1. Extreme pallor of tissues. 2. By the mirror, a contraction from below upwards. 3. Peculiar vibratory movement of the uvula. As to treatment, the use of cocaine should be made with extreme caution. It does aggravate the secretions, which causes much pain from swallowing. The matter of feeding is very important, also change of position, having feet higher than head."

Dr. Harvey spoke of the change of environment rather than climate as an important factor.

The next paper was given by Dr. Worcester, who reported cases treated by galvanic current, also case of severe burn of left forearm and treatment. Case 1. Menorrhagia due to fibroid of uterus; used electricity every two or three days for three months. At the end of that time fibroid was one third original size with hemorrhage practically stopped. Second case, one of retroversion and inflammation of adnixa, severe pain and discharge of pus from rectum, confining patient to the bed for seven weeks. Used faradic current through 1,500 yards fine wire, positive pole in uterus; pain relieved; pus stopped, and patient able to travel at end of third month. Case 3. One of metritis, retroflexion, prolapse of left ovary with large mass of exudate adjoining, much pain. Temperature 104–5°; pulse 140–60. Dr. Packard was summoned and evacuated one half ounce grumous pus. At end of sixth day used galvanic current, at the end of third month able to be out and still improving. Case 4. One of severe burn of left forearm with large slough; washed with hydrogen peroxide, covered with gauze wet with 1⅓ vapeurs calendula and water with little soda. In the discussion following Dr. Worcester spoke of the use of exalgine, 5 grains in twenty-four hours to control pain,

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as being superior to morphine by not disturbing the stomach and bowels.

Dr. B. S. Stephenson read an interesting paper on "Phono- and Pneumo-Massage *vs.* Surgery in Chronic Suppuration of Ear." He first spoke of the surgical treatment and then of tympanic massage as giving much quicker and more satisfactory results, describing both phono- and pneumo-massage with report of cases. Case 1. Mrs. L——, history of tuberculosis; has had a discharge from right ear for five years, following scarlet fever. Examination revealed a perforation of the centre of the membrana tympani of right ear, and a bulging of the lower third through which the pus could be plainly seen. The hearing distance for watch tick was 4 inches on right side, 14 on left. The mucous membrane of the nose and nasopharynx was inflamed, with a thickening at the mouth of the Eustachian tube. Enlarged the opening in the membrana tympani in the shape of a triangle, base down, with the apex at the opening already there. Cleansed the cavity with pledgets of cotton, used the pneumatic machine, following with the phono-massage. The discharge ceased in ten days, and at the end of two months' treatment she hears the watch tick at 40 inches on both sides, the opening still remaining in the drum.

Case 2. Boy, eight years, had a discharge from right ear, following measles. The hearing distance for watch tick was 2 inches on right side, normal on left. There was an opening in membrana tympani on right side giving good drainage. Treatment same as other case, discharge stopped in two weeks, and in one month the hearing was equal in both ears. Case 3. Mr. T——, age thirty-nine years. Has had a discharge from left ear for fifteen years, coming on after the healing of what he called running sores on his leg. The left membrana tympani was gone, also the malleus and incus. A portion of the stapes remained, but was thoroughly necrosed. This was removed, the ear cleansed, and the same line of treatment as before. The case was very intractable, taking five weeks to stop the discharge. The hearing distance was watch tick on close pressure on left side, and 2 inches on right. The case is still under treatment, the hearing distance being 3 and 8 inches respectively.

Discussion brought out many questions which Dr. Stephenson ably answered.

The last paper was read by Dr. Edwards, on "Cœliac *vs.* Vaginal Operations." He spoke briefly of the many complications one finds in operating, of the strong adhesions following attacks of inflammation of uterus, tubes and ovaries, citing cases. Case 1. Mrs. D——, aged twenty-six, continuous mens for thirteen months. Obesity pronounced. Examination under ether revealed hematocele of left ovary. Chose the abdominal route opening through eight inches of fat. Found strongly adhered to tube and ovary of left side what one would expect to be the descending colon; but on closer examination proved to be the cæcum and appendix, the appendix in-

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flamed, four and one half inches in length, and containing pus. This was removed, with the diseased organs, with complete recovery.

Case 2. One of pyo-salpynx of left side, operation performed by vagina. Patient comfortable till evening of second day, when restlessness and vomiting occurred. The condition being serious, and failing to find the mechanically obstructed bowel by finger, an injection of one half grain morphine was given to quiet peristalsis, and under ether the abdomen opened, and the knuckle of bowel was found closely adhered to omentum and completely occluding its lumen. Result, complete recovery.

Case 3 was one of pyo-salpynx of right ovary. Patient, twenty-two years of age, unmarried. Operated by cœliac route, finding both ovaries, tubes, uterus, and appendix diseased, with small abscess in wall of the descending colon. Cut abscess sac from bowel, measuring one fourth to one third inch by two inches, repairing bowel by Lambert sutures. Removed diseased organs. The patient showing signs of collapse, gave hypodermic of brandy; also injected about a pint of normal salt solution into abdomen, leaving drainage by vaginum. Patient made fair recovery. This paper was generally discussed. At four o'clock the meeting adjourned.

AMANDA C. BRAY, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

——:o:——

A TEXT-BOOK OF DISEASES OF THE NOSE AND THROAT. By Francke Huntington Bosworth. New York: William Wood & Co.

This valuable book is a condensation of the author's two-volume work into one. Some new material has been added and the original text has been condensed, while matter valuable for reference only is eliminated as far as possible. This revision has greatly enhanced the value of the work, and it will undoubtedly rank with the most popular text-books on this subject which have been published. The book is finely illustrated with 186 engravings; and is divided into six sections; viz.: Diseases of the Nasal Passages, External Surgery of the Nose, Diseases of the Naso-Pharynx, Diseases of the Fauces, Diseases of the Larynx, External Surgery of the Throat. The etiology and symptomatology, pathology, diagnosis, and treatment of these diseases have been carefully described and the operative measures fully illustrated and explained.

Each section is preceded by a brief description of the anatomy and physiology of the parts under consideration. This is a very commendable feature of the work, and will greatly aid the student and practitioner in recognizing the pathological conditions which form the groundwork for differential diagnosis of these diseases. A.

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ESSENTIALS OF PHYSICAL DIAGNOSIS OF THE THORAX. By Arthur M. Corbin, A.M., M.D. Philadelphia, Pa.: W. B. Saunders.

This is the second edition of a useful little book. The original text, which was designed for students' use only, has been thoroughly revised, and there has been added a section setting forth the signs found in each disease of the chest. The text has been ingeniously arranged, the more essential points of the subject in hand being brought out by means of black-faced type. The work is illustrated as far as possible by carefully drawn diagrams. No student of physical diagnosis can afford to be without it. A.

Among the interesting and significant articles in the December issue of THE POPULAR SCIENCE MONTHLY are: —

The Relations of Biology, Psychology, and Sociology. By Herbert Spencer. Animal Symbolism in Ecclesiastical Architecture. By Andrew D. White. Two Scientific Congresses. By Prof. J. Mark Baldwin. The So-called California "Diggers." By Mabel L. Miller. (Illustrated.) Possession and Mediumship. By Prof. William Romaine Newbold. Idiots Savants. By Frederick Peterson, M.D. Natural History in the Primary Schools of France. By Fanny Bicnon. New York: D. Appleton & Co.

LIPPINCOTT'S MAGAZINE for December contains, among other entertaining matter, the complete novel "The Chase of an Heiress," by Christian Reid. The scene is in Santo Domingo, a region hitherto unfamiliar to fiction.

"How Timmy Saved the Piece," by Livingston B. Morse, records a remarkable event in theatrical annals of the humbler sort.

The methods of "Shutting out the Sea" are set forth by George Ethelbert Walsh. D. C. Macdonald writes on "The Land of Taffy," the other name of which is Wales.

"The Evolution of the Poster" is traced by Agnes Carr Sage from the beginnings of advertising, so far as known. Philadelphia: J. B. Lippincott Co.

E. B. Treat, publisher, New York, has in press, for issuance early in 1897, THE INTERNATIONAL MEDICAL ANNUAL; being the fifteenth yearly issue of that well-known one-volume reference work. The prospectus shows that the volume will be the result of the labors of upwards of forty physicians and surgeons, of international reputation, and will present the world's progress in medical science.

The volume will contain about 700 pages. The price will be the same as heretofore, $2.75. Full descriptive circular will be sent upon application to the publisher.

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GLEANINGS AND TRANSLATIONS.

——:o:——

DIABETES INSIPIDUS IN CHILDHOOD. — Eichhorn (*Jahrbuch. f. Kinderheilkunde*, Bd. xlii, Hft. 1) describes a case of this disease in a boy ten years of age. He investigated the relation between the quantity of fluid taken in and that of urine passed. Taking a healthy boy as a control, and giving to both the same quantity of fluid *per diem*, he found that the diabetic patient after the first twenty-four hours passed more than three times the amount of urine passed by the other. Attempts to reduce the amount of fluid taken by this patient had to be abandoned after twelve hours, owing to the severe constitutional disturbance set up. Polyuria, however, continued during this period, notwithstanding the reduction. The author gives a summary of the views of Strauss, Senator, Falck, and Neuschler on the mode of productions of the polyuria, and then discusses the etiology of the disease. In this section he gives a valuable collection of previously recorded cases. He describes cases of diabetes insipidus occurring in connection with certain specific infectious diseases, such as diphtheria, cerebro-spinal meningitis, measles, scarlet fever, etc. These must be distinguished from the cases of transient polyuria described by Spitz, which occur during convalescence after certain specific fevers, especially typhoid. In these cases the polyuria lasts from six to eight weeks, and is not accompanied by polydipsia. This condition is probably due to altered composition of the blood. Cases are also recorded in which degenerative changes have been found in the sympathetic system, notably in the celiac plexus and the great splanchnic nerves. In two of these cases there was found ulceration of the intestines. — *British Medical Journal.*

THE BLOOD IN TUBERCULOSIS OF THE BONES. — Dr. John Dane, of Boston, has studied the condition of the blood in cases of articular and osseous tuberculosis. The results of his observations are published in the *Boston Medical and Surgical Journal*, and are summarized as follows: (1) Most cases of tuberculosis of the bones and joints do not decrease the number of the red corpuscles in the blood. (2) They do, however, affect the percentage of hæmoglobin, giving rise, in fact, to a mild degree of chlorosis. (3) The leucocyte count seems to bear no direct relation to the temperature. (4) High counts, especially in hip disease, point to the probability that there is or shortly will be an abscess formation; but low counts do not preclude the presence of abscess, especially in cases of long standing. (5) When, in connection with a low leucocyte count, an abscess is found to exist, the pus from it is sterile, and the case is generally one of long standing. (6) In the presence of an abscess, a low leucocyte count generally indicates the absence, and a high count the presence, of a secondary infection with pyogenic organisms. (7) Cases in which, at the primary operation, the pus has proved sterile, show an increase in the leucocyte count when the wound

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becomes infected with pyogenic organisms. (8) High leucocyte counts do not always affect the differential count. (9) Cases with a traumatic origin are generally accompanied by a high leucocyte count and run a more severe course. This is especially shown in cases of hip disease. That more of the cases which entered with a developed abscess did not give a definite history of trauma is due no doubt to the fact that the length of time the disease had been progressing had caused a lack of accurate detail at the beginning being remembered. — *Med. Rec.*

MISCELLANY.

——:o:——

THE PERILS OF MILITIA DUTY.—The Second and Seventh Regiments of the Illinois militia made a trial march and bivouac last week with disastrous results. On going into camp at night the men pulled down vines from walls and trees to make beds of. These being of the rhus venenata, the night's sleep resulted in some three hundred active cases of ivy poisoning the next morning for the surgeons to attend. Moral: All green leaves are not laurels of war. — *Boston Medical and Surgical Journal.*

MEDICAL MEN TO AVOID. — The one who has acute exacerbations of insanity when exposed to any one new fad. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well, and is always ready to discuss any paper of the evening. The one who is always ready to do the new operation. The one who is in chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician. — *Medical Record.*

FOREIGN STUDENTS IN FRANCE. — The medical students of Paris are still exercising themselves concerning the question of competition by foreigners. A petition, signed by most of the hospital internes, has been presented to the government, praying that every foreigner may be allowed to be registered as a medical student, but that the doctor's degree shall not give foreigners the right to practise in France. This right should be exercised only by those who are graduates in arts of a French university and naturalized French subjects. In other words, foreigners may be allowed to imbibe knowledge and pay out good gold in exchange, but shall not be allowed to utilize the knowledge so acquired or get back any of the money so expended from French subjects. — *Medical Record.*

PERSONAL AND NEWS ITEMS.

——:o:——

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DR. HENRY TUCKER has returned to Brattleboro, Vt., to resume practice there, having been recently located in Lakeport, N. H.

DR. CHARLES W. STYLES has moved from Newburyport, Mass., to New Britain, Conn., where he will conduct a sanitarium with his brother, Dr. E. L. Styles.

DR. FREDERICK W. PAYNE has removed his office from the Exeter Chambers to the new Steinert Hall Building, 162 Boylston Street, Boston, where he will occupy suite No. 12.

DR. B. A. SAWTELLE has removed from Holliston, Mass., to Norfolk, Conn., having bought the practice of the late Dr. B. C. Gidman.

DR. F. B. CLOCK has removed his office to 184 Columbus Avenue, Boston.

DR. EDITH C. VARNEY, class of '93, Boston University School of Medicine, has located at No. 7 Atlantic Avenue, Lynn, Mass.

DR. CHESTER H. GOULD, class of '96, Boston University School of Medicine, has located at Hillsboro Bridge, having bought the practice of Dr. F. S. Piper, of the class of '90.

THE third annual meeting and banquet of the Hahnemann Association was held at the Windsor Hotel, New York, on Thursday evening, December 3, 1896. Many eminent physicians of this city and vicinity, accompanied by their wives and daughters, were present, besides a large number of ladies and gentlemen representing the lay membership of the Association.

At the business session President Martin Deschere presided. Eighty-nine applicants were admitted to membership, and the following-named candidates were elected as officers for the ensuing year: —

President, Francis E. Doughty, M.D.; First Vice-President, Charles McDowell, M.D.; Second Vice-President, Edward Chapin, M.D.; Third Vice-President, D. J. Roberts, M.D.; Recording Secretary, H. D. Schenck, M.D.; Corresponding Secretary, S. H. Velislage, M.D.; Treasurer, A. G. Warner, M.D.; members of the Executive Committee, J. Lester Keep, M.D., A. B. Norton, M.D., M. Deschere, M.D.

The interval between the adjournment of the business meeting and before entering the banquet hall the members employed in social converse.

After the dinner President Deschere made a short address of welcome, and a statement of the condition of the Homœopathic Schools, here and abroad, at the present time.

Dr. C. F. Adams was then introduced as toastmaster, whose rhetorical effusion and felicitous introductions of the speakers charmed the audience. The first toast, to the memory of Samuel Hahnemann, drunk standing, was: —

"Dream not helm and harness
The sign of valor true;
Peace hath higher tests of manhood
Than battle ever knew."

Rev. Edward Judson, D.D., responded in behalf of "Medical Missionaries." To Dr. E. H. Porter was assigned the toast to "Charity." His friends expected that he would preach a sermon, but he surprised them; he spoke to the text in an able and very pleasing manner. Charles E. Hughes, A.M., gave "A Lay Prognosis" of the medical profession, and Mrs. Alice May Scudder spoke of the physician from "A Woman's Point of View." Dr. J. B. G. Custis, Washington, D. C., responded briefly to "The American Institute," of which he is the president.

The meeting was a marked and brilliant success.

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TWO DOLLARS A YEAR IN ADVANCE

Vol. XXXI.] [No. 12

THE NEW ENGLAND MEDICAL GAZETTE

A MONTHLY JOURNAL OF HOMOEOPATHIC MEDICINE

"DIE MILDE MACHT IST GROSS"

Edited by J. P. SUTHERLAND, M. D.

DECEMBER, 1896

COMMUNICATIONS Page

A Fragment on Calcic Iodide. By Charles L. Nichols, M.D., Worcester, Mass. 549
Aletris Farinosa, a Type of the Vegetable Bitters: their Value. By J. Heber Smith, M.D., Boston 552
Report of a Case of Tuberculous Laryngitis and a Case of Empyema of the Maxillary Sinus. By G. B. Rice, M.D. 555
The Faradic Current in Diseases of the Uterus. By Clara E. Gary, M.D. 558
Cystoscopy and Ureter Cystoscopy. By James Krauss, M.D., Malden 561
Lupus Vulgaris. By A. H. Powers, M.D. . 566

EDITORIAL

Some of the Year's Gifts to Medical Science . 570

EDITORIAL NOTES AND COMMENTS

Two Hospital Reports.— Hahnemann's Grave in Paris.—" Respect the Burden!" . . . 571-576

SOCIETIES Page

Boston Homœopathic Medical Society 576
Worcester County Homœopathic Medical Society 587

REVIEWS AND NOTICES OF BOOKS

A Text-book of Diseases of the Nose and Throat. By Francke Huntington Bosworth. — Essentials of Physical Diagnosis of the Thorax. By Arthur M. Corbin, A.M., M.D. — The Popular Science Monthly. — Lippincott's Magazine. — The International Medical Annual 592, 593

GLEANINGS AND TRANSLATIONS

Diabetes Insipidus in Childhood. — The Blood in Tuberculosis of the Bones 594

MISCELLANY

The Perils of Militia Duty. — Medical Men to Avoid. — Foreign Students in France . . . 595
PERSONAL AND NEWS ITEMS 595

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